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ABSTRACT

This guide is intended to provide planners, managers, and technical staff with guidelines for planning, implementing, monitoring, and evaluating an Acquired Immune Deficiency Syndrome (AIDS) health promotion program. As such, it can be used in the development of a detailed AIDS health promotion action plan. The guide reviews the steps, processes, skills, and institutions required to convert national AIDS program goals into action plans for AIDS health promotion; and the major requirements for implementing, monitoring, and evaluating AIDS health promotion. It is based on experience in applying health promotion methods and procedures to public health programs such as immunization, diarrheal disease control, nutrition and breast-feeding, anti-smoking campaigns, and condom distribution. The guide is intended for use in all parts of the world and provides a basis that should be valuable for planning in every cultural context. Each planning element is discussed in a separate section as follows: (1) establishing goals; (2) initial assessment; (3) targeting audiences; (4) reaching objectives and performance targets; (5) developing strategies--messages and materials; (6) developing strategies--channels of communication, institutional networks, and activities; (7) support services; (8) monitoring and evaluation; (9) establishing a schedule and budget; and (10) reassessment. The planning team should bring in skilled staff from other institutions as needed to deal with specific aspects of the proposed plan. (LLL)

WHO
AIDS
SERIES
5

GUIDE TO PLANNING HEALTH PROMOTION FOR AIDS PREVENTION AND CONTROL

WORLD HEALTH ORGANIZATION
GENEVA

The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 165 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of health manpower, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; controlling malaria and other communicable diseases, including tuberculosis and leprosy; having achieved the eradication of smallpox, promoting mass immunization against a number of other preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing international standards for biological substances, pesticides, and pharmaceuticals; formulating environmental health criteria; recommending international nonproprietary names for drugs, administering the International Health Regulations; revising the International Classification of Diseases, Injuries, and Causes of Death; and collecting and disseminating health statistical information.

Further information on many aspects of WHO's work is presented in the Organization's publications.

WHO AIDS Series **5**

Guide to planning health promotion for AIDS prevention and control

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GENEVA
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Introduction

Health promotion for AIDS prevention and control – AIDS health promotion – is the use of information and education to influence the behaviour of groups and individuals so as to limit the spread of the human immunodeficiency virus (HIV), the cause of acquired immunodeficiency syndrome. It should be an integral part of all national AIDS prevention and control programmes. Health promotion uses various channels of communication as well as the health and social services to bring about sustained positive changes in practices crucial to public health.

The aims of AIDS health promotion are:

- to place AIDS prevention high on the agenda of planners and policy-makers;
- to place AIDS prevention high among the public health priorities of health and education systems and of individuals;
- to inform the public, particularly the persons at greatest risk, about AIDS in their local language and in ways adapted to their culture;
- to support the changes in behaviour needed to prevent spread of HIV;
- to promote social support for appropriate changes in established behaviour;
- to promote the appropriate use of health and education services, particularly by those at greatest risk;
- to establish public support for the community and institutional responses necessary for AIDS prevention and control;
- to support the training of workers within the health and education systems in AIDS control activities.

While health promotion is the key element in preventing the further spread of HIV infection, it needs the support of other programme activities and strategies. It cannot overcome poor planning or inadequate services and supplies. It cannot compensate for inadequate understanding of the epidemiology of AIDS and of the forms of behaviour linked with it. It cannot solve all health care problems.

This publication is intended to provide planners, managers, and technical staff with guidelines for planning, implementing, monitoring and evaluation an AIDS health promotion programme. As such, it can be used in the development of a detailed AIDS health promotion action plan.

The guide reviews:

- the steps, processes, skills, and institutions required to convert national AIDS programme goals into action plans for AIDS health promotion; and
- the major requirements for implementing, monitoring, and evaluating AIDS health promotion.

It is based on experience in applying health promotion methods and procedures to public health programmes such as immunization, diarrhoeal disease control, nutrition and breast-feeding, anti-smoking campaigns, and condom distribution.

The guide is intended for use in all parts of the world and provides a basis that should be valuable for planning in every cultural context. However, it should be adapted as appropriate to the specific local culture and social situation. Reports of experience in using or adapting the guide, and suggestions for its improvement would be welcome. They should be sent to: Health Promotion, Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

Elements of planning

This guide discusses each planning element (see Box 1, page 4) in separate sections as follows:

1. **Establishing goals.** Goals should be clearly defined on the basis of the national AIDS plan.
2. **Initial assessment.** Information should be sought on the local epidemiology of AIDS and on people's knowledge, behaviour, culture and sources of information.
3. **Targeting audiences.** Those for whom the information and education are intended should be defined as the target audiences.
4. **Reaching objectives and performance targets.** How the goals are to be achieved through the programme should be described.
5. **Developing strategies: messages and materials.** Educational messages and materials should be designed for the target audiences.
6. **Developing strategies: channels of communication, institutional networks and activities.** The communication channels, institutions and activities that can best attract the attention of target audiences should be determined.
7. **Support services.** The support services required (such as counselling, training, the distribution of condoms) and how to promote them should be assessed.

8. **Monitoring and evaluation.** A plan for monitoring and evaluation should be drawn up.

9. **Establishing a schedule and budget.** A budget and an implementation schedule (action plan) should be prepared.

10. **Reassessment.** Reassessment and appropriate programme changes should be planned for.

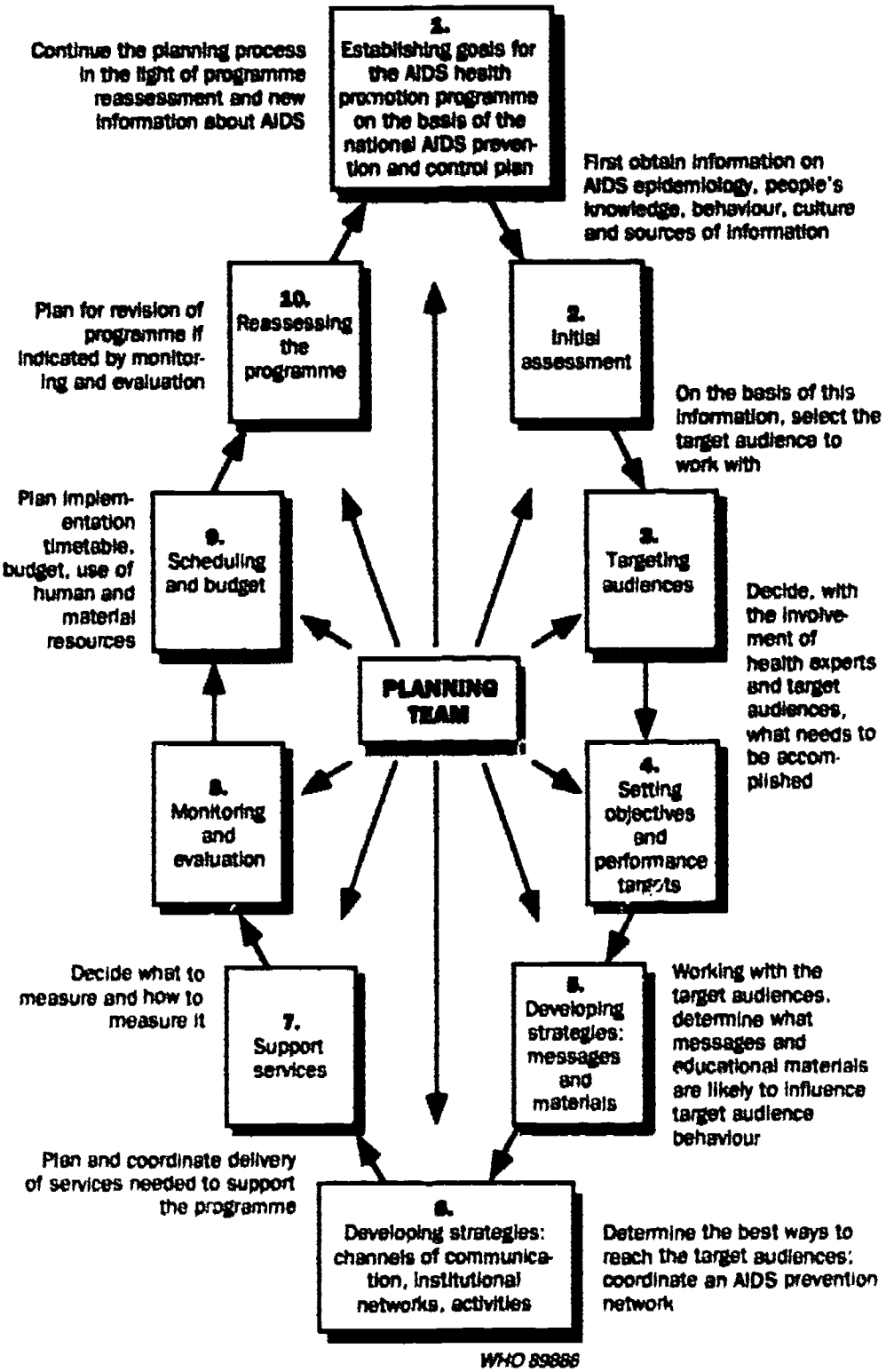
The planning team

In most countries the national AIDS committee (NAC) has an educational subcommittee that includes representatives from the principal governmental and nongovernmental organizations and individuals with experience in health promotion, education, and related fields.

Planning of AIDS health promotion should be the responsibility of a planning team that should include members of the NAC educational subcommittee, the health education unit of the ministry of health, related units within the ministry of health (e.g., training), other ministries (education, social services and welfare, youth and sports), and representatives of other bodies such as nongovernmental organizations, universities, and the media (e.g., national radio stations and newspapers).

The planning team should bring in skilled staff from other institutions as needed to deal with specific aspects of the proposed plan.

Box 1. Elements of planning



1. Establishing goals

Goals are broad statements of programme intent. Goals for AIDS health promotion should be derived from the programme goals of the national AIDS plan. Thus, the first step in preparing an AIDS health promotion plan is to transform programme goals into health promotion goals.

The following are typical programme goals in a medium-term plan (MTP) for a national AIDS programme:

1. to prevent HIV infection;

2. to reduce the personal and social impact of HIV infection;

3. to reduce the fear and stigma associated with HIV infection.

For the purpose of AIDS health promotion planning, it is desirable to elaborate these programme goals. Thus "to prevent HIV infection" can be expanded: "to reduce the spread of HIV infection through sexual transmission, infected blood, and perinatal transmission". This in turn can be stated in terms more suitable for health promotion planning:

> to encourage sexual behaviour that reduces the risk of HIV infection (e.g., use of condoms or staying with one uninfected partner);
>
> to teach health workers and others how to handle properly blood, injection equipment, and other skin-piercing instruments;
>
> to instruct potential parents and midwives about the risk of HIV infection through perinatal transmission; and
>
> to support efforts to reduce the spread of HIV infection by providing correct information about AIDS and making testing and counselling services available.

The common goal

Common to all plans is the goal of informing and educating the general public about HIV and AIDS: how HIV spreads and how it does *not* spread (see Box 2); how to prevent HIV transmission; how to obtain more information; and, if necessary, how to obtain testing and counselling.

The great majority of people are not at immediate risk of HIV infection and information and education about AIDS can help to keep the risk low. Knowledge also reduces the tendency, generally caused by fear, to stigmatize those who are infected. Open discussion about AIDS and support for AIDS prevention and control programmes requires an informed public.

Keeping the public informed about AIDS requires the participation of health care personnel, public information systems (including radio, television, and the press), education systems, and major institutional networks such as churches, labour organizations, and voluntary associations.

Other health promotion goals apply to more specific segments of the general public or target audiences, such as adolescents or health care workers. These are discussed in section 3.

An example of programme goals

The following programme goals are taken from a recently completed national plan:

(*a*) to modify behaviour patterns and sexual practices and thereby reduce HIV transmission;

(*b*) to make adequate supplies of condoms available at strategic outlets so as to reduce the incidence of HIV infection as well as of sexually transmitted diseases;

(*c*) to educate young adults about behaviour that promotes the healthy expression of sexual interest/energies;

(*d*) to strengthen the infrastructure of the health sector and other relevant sectors so as to develop efficient and effective information, education, and communication activities.

Box 2. AIDS

How it spreads

The human immunodeficiency virus (HIV), which causes AIDS, is spread through blood, semen, and vaginal fluids. It is transmitted in three ways:

- through sexual intercourse, from an infected person to his or her sexual partner (man to woman, woman to man, man to man);
- through blood, mainly by transfusion of blood or blood products infected with the virus or through the use of blood-contaminated needles or other skin-piercing instruments;
- from infected mother to infant during pregnancy, at birth, or shortly after birth.

AIDS is not spread through:

- casual contact, such as at work or at school,
- touching or hugging,
- shaking hands,
- coughing or sneezing,
- insect bites;
- water or food,
- cups, glasses, plates,
- toilets,
- swimming-pools or public baths

How to prevent the spread of HIV

- Abstain from sexual intercourse, i.e., sexual penetration, vaginal, oral, anal.
- Otherwise, have sexual intercourse only with a faithful, uninfected partner
- Otherwise, always use a condom – from start to finish
- Reduce the number of your sexual partners.
- Avoid sex with people, such as prostitutes, who have many partners
- If you use needles, syringes or other instruments that pierce the skin, make sure they are sterile.
- Never share equipment for intravenous drugs – it is best not to use such drugs at all
- Avoid pregnancy if infected with the HIV virus

The risk of HIV transmission by sexual intercourse with a specific individual is directly related to whether the sexual partner is infected and to the type of sexual contact involved. The presence of other sexually transmitted diseases and/or genital lesions may increase the risk of HIV transmission.

2. Initial assessment

To transform goals into realistic objectives with feasible targets, health promotion planners need information. To plan AIDS health promotion programmes information is needed about:

(*a*) the local epidemiology of HIV infection and AIDS;

(*b*) knowledge, attitudes, beliefs, and practices relating to AIDS among the general public;

(*c*) knowledge, attitudes, beliefs, and practices relating to the spread of HIV infection among specific target audiences included in the national AIDS prevention and control plan (for example, health care workers, adolescents, pregnant women, intravenous drug users);

(*d*) communication channels available to the programme (e.g., the mass media, health workers, schools) and how they are used by different target audiences;

(*e*) the health and social support services available (e.g., counselling services, condom distribution systems);

(*f*) the costs of the health promotion programme components;

(g) the sources of expertise available to implement the health promotion plan and monitor and evaluate its progress.

Information needs

The local epidemiology of HIV infection and AIDS

Epidemiological information is essential for determining priorities. Information about the local epidemiology of HIV/AIDS helps determine which group needs to be addressed first. It also establishes a frame of reference for gathering information about target audiences and how to reach them. Specifically, planners need to know how widespread HIV infection is (prevalence) and how rapidly the infection is spreading (incidence).

Epidemiologists working with the national AIDS committee will be able to provide epidemiological estimates to enable planning to begin. This information can be useful in identifying both the specific practices that are important in the transmission of HIV infection and the groups that require most assistance in changing or avoiding those practices.

Knowledge, attitudes, beliefs, and practices relating to HIV/AIDS among the general public

Public opinion provides the social context for action on HIV/AIDS and influences what can be done to stop the spread of infection. What the public knows and believes also influences its vulnerability to HIV infection. What does the public know about AIDS? What does it feel? What are its biases and beliefs? What is its attitude towards condom use?

For the purpose of planning AIDS health promotion, knowledge can be defined as the level of information that an individual has about a subject; an attitude is the disposition of the individual to behave in a certain way towards people and practices; a belief is his or her conviction about a subject.

Information on what people think of specific issues is important in designing health promotion strategies, messages, and materials. The national AIDS committee may use surveys to monitor national trends in knowledge, attitudes, beliefs, and practices; but for planning AIDS health promotion, information is needed more rapidly. Small surveys and in-depth individual interviews with members of key target audiences and with community workers can help to provide this information.

Among the specific questions to which answers should be sought are the following:

- What does the population in general think about AIDS?
- What do people think are the chances of someone developing AIDS once he or she is infected with HIV?
- Is AIDS perceived as a life-threatening disease?
- What is their attitude towards HIV-infected people?
- Do they know key facts about AIDS and HIV, such as:

  what can be done to prevent HIV transmission?

  which behaviour presents the greatest risk of HIV infection?

  how long after infection it takes for a test to reveal the presence of HIV antibodies?

  how long after infection it takes to develop AIDS?

  where HIV antibody testing is available?

  where condoms are available?

  where information about AIDS and AIDS counselling services is available?

This is a sample of the questions that might be asked. The programme goals will provide a framework for devising others.

Practices among specific target audiences

What are the specific practices, as well as the knowledge, attitudes, and beliefs, related to the spread of HIV infection among target audiences, particularly those at greatest risk of HIV infection? Achieving change in such practices requires targeted efforts. This is discussed more fully in section 3.

The initial assessment should gather as much information as possible about key behaviour likely to spread HIV infection, where and how it takes place, and who is most frequently involved. Information should be collected concerning practices supported by the programme, such as condom acceptability and use.

Data should also be gathered about target audiences that are not themselves at great risk but that are important to the programme because they can influence those at risk or because they represent interest groups affecting the programme. They might include schoolteachers, health educators, religious leaders, trade union members, and businessmen.

Channels of communication and institutional networks

Information needs to be communicated rapidly to a large audience with the minimum of confusion and distortion. To ensure this, it is important to find out the effective coverage of leading radio and TV stations, the number and types of listeners or viewers they have, the times of day they broadcast, local household literacy levels, the printing capacity available, and the types of information sources the target audiences find most convincing. Who is considered to be a reliable source of information on AIDS (peer groups, physicians, media figures)? Which organizations contain large numbers of people from key target audiences?

How is information traditionally communicated among people who do not have access to modern media? Where are the major meeting-places of large numbers of people or of members of specific target audiences (discotheques, market-places, football stadiums)?

Important channels and institutions can be categorized as mass media, little media, and educational and institutional networks. A fuller list is given in section 6.

Support services

Information and education need to be coordinated with the support services. A health promotion programme will fail if the services promised are not delivered. Information is required on the availability of such services,

which include HIV testing, counselling, condom delivery, and the production and distribution of educational materials. Support services are discussed more fully in section 7.

Programme costs

The initial assessment should include information on the cost of the different programme elements. What does it cost to print posters or pamphlets and distribute them or to produce radio and TV advertisements? What services can be obtained free of charge? What temporary help will be required? Section 9 discusses the planning of a budget in greater detail.

Sources of expertise

What existing expertise can the programme draw upon? Can outside help be recruited? Can experts be contacted for assistance? Will local universities or colleges cooperate? Can special arrangements be made with institutions (for example, university students may serve as interviewers for programme evaluation)?

It may be useful to compile an inventory of individuals with special expertise, regardless of their institutional affiliation, who could assist the programme.

Training needs within the programme should also be identified, bearing in mind that AIDS health promotion will require continuing programme activity for the foreseeable future. What staff training is required to make the AIDS health promotion programme work well? What are the short-term and long-term needs?

The questions contained in the above discussion are merely examples and should be supplemented in the field by others found to be relevant. Other sections of the guide expand the questions suggested here. It is recommended that the guide should be used as a whole as a source of questions for the initial assessment.

How to gather the information

Some information will be available from earlier studies and reports; some will have to be collected by the planning team. However, the gathering of information for health promotion planning should not be allowed to delay significantly the initial health promotion action. If there is not enough time for an elaborate survey to collect information, a rapid assessment is recommended; in most cases, a three-month assessment period should suffice.

Rapid assessment techniques, usually involving the use of small surveys, group interviews, and in-depth individual interviews with members of key

target audiences and community workers, can provide the preliminary information needed for health promotion programmes.

Who should plan, carry out, and analyse the results of rapid assessment studies? Health promotion staff and expert researchers assisting in monitoring and evaluation (discussed in section 8) should take the lead. Personnel who design strategies and health promotion materials should participate as much as possible. The programme will benefit from the involvement of social scientists, survey research firms (where they exist), and other available experienced individuals, particularly those involved with the national AIDS committee in planning national studies.

Extracts from a newspaper survey and from a small survey of the general public carried out as part of a medium-term plan are given below as examples of rapid assessment techniques.

Example 1. Newspaper survey

To obtain information about the knowledge of AIDS among the general population a national AIDS committee published a questionnaire in a newspaper, asking readers to complete and return it. While those who responded may not have been representative of that newspaper's readers, and the readers not necessarily representative of the population at large, the example is of much interest. The information obtained provided useful indications of where most of the misconceptions lay and what topics health promotion needed to address.

Knowledge about AIDS

- What is AIDS? (Choose the correct answer.)

  A type of cancer.

  An infectious disease.

  Poisoning caused by using illegal drugs.

  A health education organization.

- How do people get AIDS? (Mark all the answers that apply.)

  Using unsterilized needles for injections.

  Drinking from the same glass as an infected person.

  Having sex with an infected person.

  Working in the same room as an infected person.

Being bitten by a mosquito that has bitten an infected person.

- Can a person have the AIDS virus but not seem sick? (Choose the correct answer.)

  Yes No

- How can you tell if a healthy-looking person is infected with the AIDS virus? (Choose the correct answer.)

  Ask them if they feel completely well.

  Ask them if they have ever had sex with a prostitute or with a person they did not know well.

  Ask them if they have ever had a blood transfusion.

  You can't tell; only a test of their blood can reveal whether they have the AIDS virus.

- Is there a cure for AIDS? (Choose the correct answer.)

  Yes No

- Will most people who get AIDS die from it? (Choose the correct answer.)

  Yes No

- If you are going to have sex with a new partner, is there anything you can do to protect yourself from AIDS? (Choose the correct answer.)

  Make sure you get to know them well first.

  Use a condom every time you have sex.

  Make sure they have not had sex with anyone else for at least six months

- Which group is least likely to get AIDS? (Choose the correct answer.)

  People who take illegal drugs.

  People who have sexual relations for money.

  Couples who are faithful to each other.

  Men who have sexual relations with other men.

- Where have you learned about AIDS? (Mark all that apply.)

  - Articles in the newspaper.

    Conversations with health professionals.

    Conversations with friends.

  - Radio spots.

    Radio news.

  - Longer radio programmes other than news.

    TV spots.

    TV news.

    Longer TV programmes other than news.

    Posters and billboards.

  - Magazine articles.

  - Advertisements in magazines or newspapers.

    Schools.

  - Booklets, pamphlets, or books.

    Community leaders or politicians.

    Health education talks by health professionals.

Attitudes about AIDS

- Do you think AIDS is an important problem in this country?

  Yes No

- Are you afraid of getting AIDS?

  Yes No

- Are you afraid that someone in your family may get AIDS?

  Yes No

- If you are a parent, would you be willing to talk frankly to your children about AIDS?

  Yes No

- Do you think schools should teach students about AIDS, how it is transmitted, and how it can be avoided, even if they have to talk explicitly about sex in order to do it?

  Yes No

- Do you think the government should have an educational campaign against AIDS?

  Yes No

These questions give some ideas of what might be included in a newspaper survey. In any particular situation, the questions used should be related to conditions in the individual country.

Example 2. Rapid assessment survey

One national AIDS committee conducted a small survey of the general public as part of its planning. The questionnaire included, among others, the following questions:

- Have you ever heard about AIDS?
- How is the infection transmitted?
- Do you think that there is a way of preventing AIDS?
- What do you think you could do to protect yourself from getting the infection?
- Do you know what a condom is?
- Would you accept the use of condoms?
- Have you ever used a condom?

The planners found that 80% of those interviewed had heard about AIDS, but 73% had no idea how the virus was transmitted; 23% knew it was transmitted "somehow sexually". Only 12% could indicate at least one correct prevention method (such as reducing the number of sexual partners or avoiding transmission through blood transfusions). Nobody indicated

the use of condoms as a way of prevention. Only 50% of those interviewed knew about the existence of condoms and, of the 50% who knew, 58% would accept their use and 42% would not.

Even though this information is extremely approximate, it gives the health promotion planners some idea of the topics on which the programme has to focus and the subjects that require more research: they needed to provide better information about condoms and to increase their acceptability; they also needed to find out more about why people accept or reject the use of condoms.

Rapid assessment techniques can be improved over time as experience is gained. It would be a mistake to wait for the "perfect" technique or survey instrument before beginning.

3. Target audiences

The definition of target audiences to be reached by the health promotion programme should be reviewed periodically in the light of current information about the epidemiology of AIDS and programme priorities. For the purposes of AIDS health promotion, target audiences are people who share common characteristics related to the spread of HIV, e.g., a particular risk behaviour, membership of a specific institution or reference group, or location in a particular geographical area.

People are reached more effectively with information that is adapted to their particular needs. Members of a specific target group may have a shared perspective or common problems, use similar language, listen to the same radio stations, or believe information coming from particular sources. This makes it easier for them to learn and to support each other in learning. There is no magic formula for selecting target audiences or any special number of target audiences to work with. National plans have identified a variety of target audiences as important in AIDS prevention and control. The target audiences most frequently included in national plans are: physicians, nurses, laboratory technicians, dentists, midwives, HIV-infected women, HIV-infected men, traditional healers, community workers and leaders, teachers, adolescents, travellers, tourists, homosexual and bisexual men, prisoners, maritime workers (sailors, seamen), army personnel, users of intravenous drugs, and prostitutes and their clients.

In any particular country, some of these audiences may not be appropriate as targets, and the health promotion messages required will differ according to need. Target audiences can be defined on the basis of a number of criteria, including:

demographic indicators: age, sex, income, occupation, location (urban, rural, specific regions);

reference groups: race, language, sexual orientation;

organizations: health care facilities, factories, churches, cooperatives, school systems, prisons, military institutions;

risk-prone behaviour: people with multiple sexual partners, people who practise unsafe sex, men who have sex with men, drug users who share needles.

Target audiences should also be accorded priorities. Which groups need accurate information most urgently? Which run the greatest risk of HIV infection? Which are most important for a particular programme objective?

It is often useful to distinguish primary and secondary target audiences. Primary audiences are those that are expected to adopt a recommended

practice or for which the services or products of a programme are intended. Secondary audiences are people who influence the primary audiences and whose informed involvement is necessary.

Preliminary information about target audiences, including epidemiological information, is provided by the initial assessment studies already described. Previous studies (e.g., ethnographical studies, surveys) may contribute additional information. In-depth interviews with knowledgeable individuals who work with the target audiences (e.g., health workers, social workers, educators) may furnish new ideas.

Information should be collected on the language that the target audience uses to describe risk-prone behaviour and on the motivations that sustain such behaviour. Since individual behaviour is difficult to change, assessment of the target audience should also include a description of the health and social systems that could support change. The need for commodities or services required to support behaviour change (e.g., soap, rubber gloves, condoms, sterile needles, alternative employment) should be assessed as well.

Longer-term studies to investigate more complex aspects of target audience behaviour can be planned with the assistance of social scientists. In the short term, the focus-group interview method has been exceptionally useful in obtaining information about target audiences.

Focus groups

A focus-group interview is a structured discussion with a group of 6–12 people who are representative of a target audience (pregnant mothers, teenage girls, truck drivers, soldiers, etc.). Using a prepared list of questions on a selected topic, a trained interviewer encourages participants to speak freely. The record of the discussions (notes, audio or video recordings) provides information about what the groups and, by extension, their peers think about the topic; what language they use; and what aspects of the topic are most important to them.

To conduct a focus-group interview you should:

- Select participants whom you believe to be representative of the target audience. Try to have all the major elements and perspectives in the group represented, or consider interviewing more than one group.

- Prepare a set of questions that will draw out points for discussion.

- Select a moderator. A good moderator should: be capable of promoting discussion while maintaining its focus; be able to build up rapport and trust in the group; stimulate discussion without influencing opinion; and make it clear that there are no right or wrong answers. He or she should also be able to prevent individuals from dominating the group.

- Explain fully to the group the importance of their contribution to the larger goals of the AIDS programme. Members of the groups should not know in advance the specific subject to be discussed, since prepared answers could result in a lack of spontaneity during the session. It is also preferable that they should not know each other, since this may discourage them from talking freely.

- Respect local customs and traditions (such as the need to separate men and women); make all arrangements in consultation with community leaders to ensure their support.

- Make the administrative arrangements needed for conducting the interview. For example, ensure that a convenient meeting place is available and that transport is provided, if necessary.

- Have one or more observers record the discussion, sitting quietly behind the group taking notes or using a tape recorder.

- Allow 1–2 hours for each discussion.

- Be prepared to provide correct answers to questions about AIDS at the conclusion of the discussion.

Conduct more than one focus-group interview with different members of the target audience. Normally, three or four groups are adequate.

The results of the focus-group discussions should be analysed by the researchers and the planning team, together with the participating moderators and observers. The findings should be interpreted in terms of the objectives of the investigation.

An approximate time scale is: about two weeks for arranging groups and recruiting members; 90 minutes of discussion per group; two days to conduct the interviews; five days to analyse the interviews and write the report. Total time from planning to completion of report: 3–4 weeks.

Example

In one African country the use of focus groups led researchers to a better understanding of what rural adults knew about AIDS: most of them thought that AIDS was a disease that affected the affluent who travelled from country to country. In that particular country, the media had been focusing on prominent people, thus perhaps giving the impression that ordinary people did not catch AIDS. Most people knew that AIDS was transmitted sexually. They also thought that it was transmitted wherever blood is concerned, e.g. through mosquito bites and tsetse fly bites. Most also thought that it could be transmitted to hospital staff who cleaned toilets used by AIDS patients or from bed sheets in hotels previously used by an "AIDS-infected couple". Some thought that there was nothing that could be done about AIDS, arguing typically that it did not matter because it did not kill immediately but after several years, and the end of every

person is death anyway. Some people thought that the slogan "AIDS KILLS" was just a slogan to discourage sex.

It is important to note that, although this information provides an insight into some of the main beliefs about AIDS, the responses of a small group of individuals cannot necessarily be extended to the rest of the population.

4. Setting objectives and performance targets

Health promotion goals should now be translated into objectives, on the basis of information from the initial assessment studies and the identification of target audiences. Objectives can be further specified by establishing targets and indicators.

The AIDS health promotion programme can therefore be defined at three levels:

- goals, or general statements of programme intent (described in section 1);
- objectives, which translate goals into programme components; and
- performance targets or attainment levels, which the programme will strive to achieve.

Progress towards the targets and objectives is measured by means of indicators.

Objectives describe the desired end result of a programme component, in terms of:

who or what will change (for example, prostitutes and their clients will change their behaviour).

in what way (for example, the clients will use condoms).

Performance targets specify an intermediate result contributing to the achievement of the objective:

what will change and by how much (for example, condom sales will increase by 20% in urban bar areas).

over what period of time (for example, over the next nine months, during and immediately after a condom promotion campaign).

Ideally, performance targets should be specified in quantitative terms, usually as the percentage change expected. When this is not possible, for example because baseline information is not available or outcomes are not predictable, performance targets can be specified as a direction of change, e.g., condom sales will be initiated at 60 new outlets in urban bar areas.

An indicator is an observable measure of the progress towards goals, objectives and performance targets, e.g., the actual increase in condom sales in a given area.

Whenever possible, members of the target audiences should participate in defining appropriate objectives and performance targets.

From goals to objectives

Objectives can be understood as steps towards the achievement of programme goals. The examples below show possible objectives and target audiences for specified goals.

Examples

Goal: Prevention of HIV infection through sexual transmission.

Target audience: General public

Objectives:

1. Increased knowledge about HIV transmission and its relation to sexual practices.
2. Appropriate use of counselling and testing services.
3. Limitation of sexual relations to a single uninfected partner.
4. Regular and correct use of condoms for all other sexual encounters.

Goal: Prevention of HIV infection through blood.

Target audience: Health care workers.

Objectives:

1. Increased knowledge of the ways in which HIV is spread through blood.
2. Adoption of safe practices for all procedures where there are risks from inoculation.

Goal: Prevention of mother-to-child transmission.

Target audience: Women of childbearing age

Objectives:

1. Increased knowledge about perinatal transmission.
2. Increased knowledge of methods of prevention of sexual transmission, such as remaining with a single uninfected partner and insisting on the use of condoms.
3. Women apply their knowledge, for example in discussing the use of condoms with their partner.

The separate objectives given for each of the above examples reinforce each other in the common aim of protecting members of a particular target audience from HIV infection and its consequences. The educational process begins with people learning more about HIV infection (knowledge), developing their own attitudes and beliefs about what to do, and finally adopting preventive practices (behaviour). As this is a learning process, however, its elements cannot in reality be neatly separated; knowledge, attitudes, beliefs, and behaviour interact in different ways in different individuals. Health promotion may not always have its effect in the expected knowledge – attitude – practice sequence. Consider the following story about two soldiers, members of the same target audience. Both received information about AIDS during an AIDS awareness campaign. One had accepted the information about HIV transmission as true and had been provided with free condoms, but he never used them, apparently out of timidity in the face of uncooperative partners. He knew what he should do but did not adopt the appropriate practice. The other man laughed at advice about AIDS prevention and kept visiting prostitutes without any protection. It was only when a prostitute insisted on his wearing a condom that he acknowledged the importance of the new practice.

Thus two men exposed to the same campaign had reacted very differently. The AIDS health promotion programme had failed to work in the way anticipated by the planners (acquisition of knowledge and a shift in attitude leading to behaviour change). Yet some change had occurred in each man, and it might provide a foundation for future programme activities to build on. Interestingly, the second man changed behaviour as a result of the influence of a programme component intended for a target audience of prostitutes rather than of soldiers.

From objectives to performance targets

In planning initial programme activities, performance targets should be specified as accurately as the information available permits. It is also important to indicate which performance targets cannot be quantified precisely and will therefore require more experience in running the programme with the target audience. Performance targets evolve as information and experience are acquired. It is easy to make the mistake of setting unrealistic targets based on inadequate information. If targets are not achieved because of false initial assumptions or unforeseen difficulties, programmes may be wrongly judged as failures.

The transition from objectives to performance targets may be illustrated using objectives from the examples above.

Target audience: the general public

Objective	*Performance target*	*Indicator*
Increased knowledge about HIV transmission and its relation to sexual practices	Understanding that HIV is not spread through casual contact but by penetrative sexual intercourse and oral sex, by contaminated needles and syringes, and from an infected mother to her child	Level of knowledge shown in interviews
Appropriate use of information, counselling, and testing services	An increase in the number of people using the services who have needs appropriate to that service	The number of people attending with appropriate reasons for using the services
Safer sexual practices	An increase in the number of people who report reducing the number of sexual partners, or limiting their sexual activity to a single uninfected partner	Rate of reporting of other sexually transmitted diseases; HIV infection rates
	An increase in the number of people who know where to get condoms, know why they should be used, and use them properly	Knowledge and evidence of proper use as shown in interviews; condom sales

Target audience: health care workers

Increased knowledge of the ways in which HIV is spread through blood	Accurate knowledge about HIV infection in relation to accidental inoculation, and of methods to prevent transmission through contaminated blood	Knowledge after training that HIV can be spread through accidental inoculation of contaminated blood, and can be killed by a 1:10 bleach solution
Greater application of knowledge about safe inoculation procedures	Application of safe practices to all procedures where HIV inoculation risks exist; knowledge of reporting system for all inoculation-related accidents	Incidence of needle injuries; reporting of accidents showing knowledge of HIV transmission risks; adoption of safer work practices

Target audience: women of child-bearing age

Increased knowledge about HIV mother-to-child transmission modes	Accurate knowledge about HIV infection and AIDS, understanding of the implications of HIV infection for mother and child	Level of knowledge as shown in interviews about HIV transmission through unprotected penetrative sex, perinatal transmission and the role of condoms. Use of testing and counselling services by the women concerned

None of the performance targets given above includes the extent of change expected or the time period for achieving the change. Once the duration of a programme intervention is established and the educational objectives and content are decided, performance targets should be specified as fully as possible. Thus "increase in condom sales" might become "condom sales in the urban centre will increase by 5% over the next six months", and "increased knowledge" become "a 30% increase in correct responses to a set of 10 interview questions about HIV transmission over the next three months".

5. Developing strategies: messages and materials

A health promotion strategy is a planned approach to the achievement of a health promotion objective. The planning and development of programme strategies should be based on the initial assessment as well as on information about the target audiences as it becomes available. The development of health promotion programme strategies is a continual dynamic process.

Strategy development includes development of messages and materials (section 5) and the selection of appropriate channels of communication, institutional networks, and activities for reaching target audiences with the messages (section 6). It also deals with how to combine different messages and channels so that they reinforce and complement each other.

Message development consists of two parts: the development of the message content (substance) and the development of the presentation (format). Both parts are equally important. An eye-catching poster providing no useful information is just as ineffective as one that is informative but does not attract attention and hence is not read.

Substance and format should both be developed in cooperation whenever possible with members of the target audience. Their information needs should be assessed and what they want to know should be discussed with them. Focus-group interviews provide an excellent opportunity to discuss specific interests with a target audience. In one focus group, for example, it was found that rural women wanted to know exactly how much weight loss – specifically in kilograms – could be interpreted as a symptom of AIDS, as opposed to "normal" weight loss.

Target audiences know best what appeals to them. Decisions about the presentation of messages, such as which words should be used, which images and symbols are acceptable, and which characters are appealing, should be based on their views. A common way of achieving their involvement is to pre-test (see Annex 2) a proposed message with members of the target audience to see if they understand it, like it, find it believable, or have any suggestions for its improvement. Only then is the message produced and distributed on a large scale.

The content and presentation of messages are usually closely interrelated. Some thoughts may be best expressed in a popular song, others in the form of drawings or graphic presentations, still others in drama. Local personnel associated with the AIDS programme, including planners, artists, educators, and health specialists who understand the local culture and the circumstances in which the programme operates, can contribute significantly to the development of messages. No attempt is made here to prescribe how the message content or format should be developed.

Questions for consideration in developing message strategies include:

- What benefit will the target audience perceive in following the recommendations in the message?
- What additional information will make the benefits believable?
- What emotional tone is best suited to the culture and values of the specific target audience?

Consideration should also be given to the losses that may be experienced by those who follow the recommendations and how they may be outweighed by the benefits. When messages recommend changes in practices or support some specific action, health promotion planners should attempt to foresee the difficulties that members of the target audience are likely to encounter if they try to follow the recommendations. Messages must facilitate the trial and adoption of changed practices by presenting them as feasible, advantageous, even enjoyable. For example: "One partner = safer sex = no AIDS".

It is important to consider these points, whether the messages are to be developed for educational materials such as posters, radio spots or training manuals or for the guidance of health educators and community workers providing face-to-face instruction.

Benefit

Benefit is the target audience's "reward" for fulfilling the objective. It is the promise of benefit that often motivates people to pursue some course of action (e.g., requesting HIV testing) or adopt a new practice (e.g., condom use). The motivation for this change in behaviour may be expressed as: "*When I behave in this new way, I* ... [receive some benefit]". For example: "*If I use a condom at every casual sexual encounter, I can reduce the risk of becoming infected with HIV*" (benefit).

The benefit is in the mind of the individual; it does not need to be explicitly stated or to be tangible, like money or prizes. Benefit is what the individual perceives to be the positive result of the action taken.

Initially the perception of benefit may be unclear in the individual's mind, hidden by insufficient knowledge and obscured by other factors. It is the function of health promotion to help the individual to a positive perception of the benefit to be derived from changed behaviour.

It is also important that messages take account of normal human limitations and do not appear by their wording to censor individuals who, for any reason, do not follow the recommendations or who are unsuccessful in their attempt to do so.

Benefit may take many forms, such as:

- providing solutions to problems, e.g., how or where to get more information *("If I read this pamphlet, I shall know where to go for help and shall understand the problem better")*;
- emotional gratification, e.g., peace of mind, love, security, pleasure, social acceptance, status, a positive self-image *("If I use a condom, I shall protect myself from disease")*;
- reassurance or reward for existing beliefs and practices, e.g., self-satisfaction *("If I ask my partner to use a condom, we can continue to enjoy sex safely")*.

Most importantly, to be effective the benefit must be relevant to the concerns and life-style of the specific audience.

- For an adolescent male, social status may be more important than a health benefit. *("Using condoms is the smart thing to do in my crowd.")*
- For a married man, peace of mind may be the most important thing. *("By avoiding HIV infection I can protect my unborn children.")*
- For a prostitute a positive self-image may be the key. *("By asking my client to wear a condom, I am in control of this sexual encounter. I am also protecting my reputation and health for the future.")*

The identification of benefit that is appropriate for the target audience can be a powerful element in the success of a programme.

Supporting information

What information will make a specific audience believe in the benefit? This raises the question of the credibility of messages and their sources, an essential factor in communication.

A person's reason for adopting new behaviour may be rational or emotional. For example:

- Epidemiological facts, medical findings, and case histories are often the most convincing evidence for health professionals.
- The advice of a peer or a respected role model may be most persuasive for an adolescent.
- First-hand experience, such as the loss of a close friend from AIDS, may have the greatest impact on an adult.

Supporting information must be related directly to the benefit, making the promise of benefit credible to the target audience. Opposite are some examples of how objectives, benefits, and supporting information are related.

"When I use condoms properly (objective)

I avoid the risk of becoming infected with HIV. (benefit)

I have seen studies showing that condoms block the transmission of HIV." (supporting information)

The supporting information may refer to the characteristics of a product or service:

"I am going to have an HIV antibody test (objective)

to put my mind at ease, (benefit)

because my doctor told me that the test is reliable and accurate." (supporting information)

Supporting information may also refer to personal involvement, such as the loss of a close friend, the influence of peers, or advice from a respected role model.

For example, a married man who has extramarital sex may reason in the following way:

"I must find out how to protect myself against HIV infection, (objective)

so that I won't pass it on to my wife and unborn children. (benefit)

My friend's wife became infected, then had a baby. The baby was born infected, and later died." (supporting information)

An adolescent male may be influenced thus:

"I'm going to start using condoms whenever I have sex (objective)

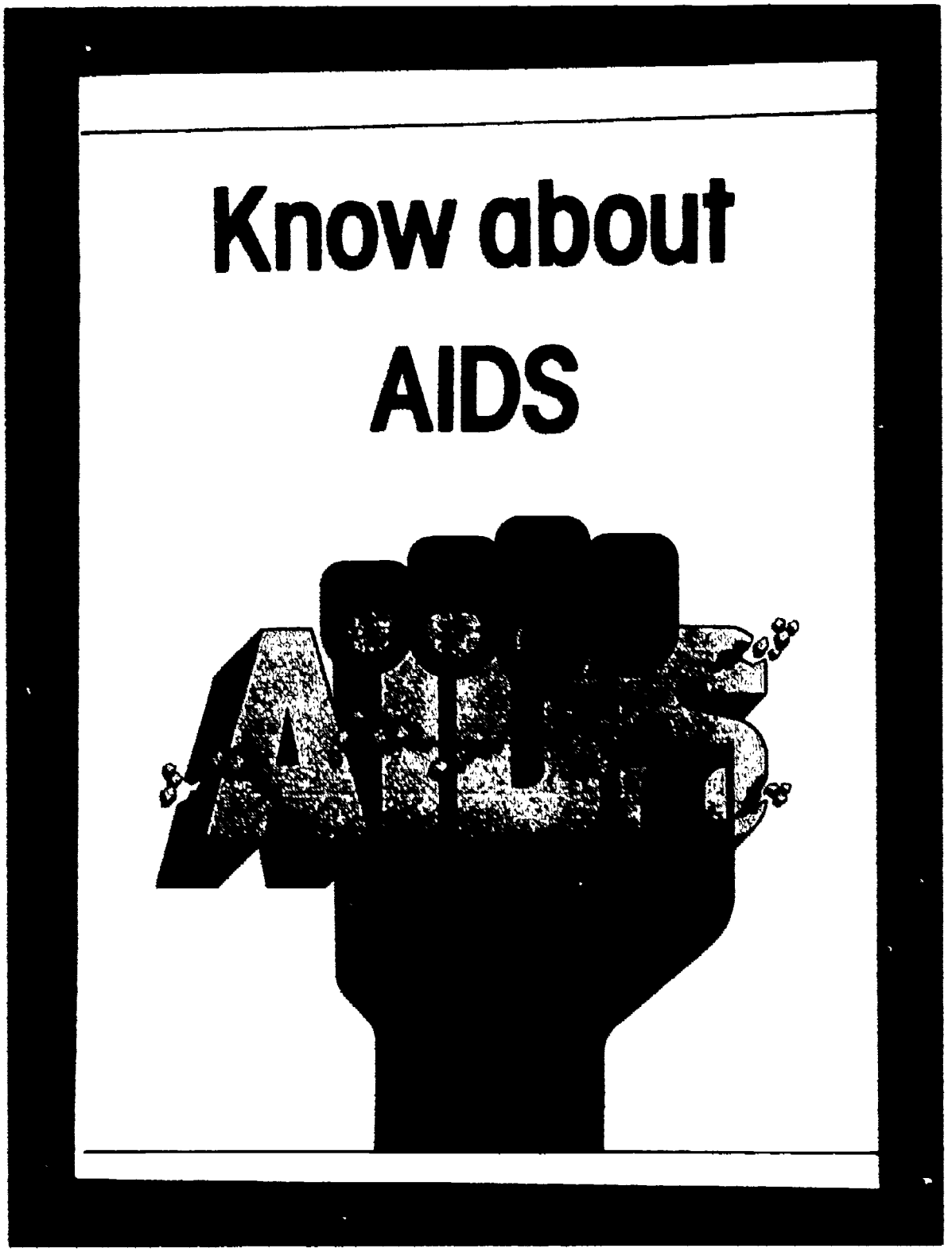
because that is the smart thing to do. (benefit)

My favourite rock star uses condoms." (supporting information)

Establishing tone

Tone, which can be set by colour, form, music, etc., is best explained through examples that make specific use of some of these elements.

- A large powerful hand clenching and gradually crushing the word AIDS. This image is used in Kenya for a series of posters, booklets,


Know about
AIDS

and leaflets on different aspects of AIDS. The theme of power in the hands of the community is evoked.

- A mother speaking on radio and on video in a highly emotional manner, reinforced by appropriate background music: *"I've put a lot into raising you, son, more than you'll ever know. And there's no way you're going to get AIDS! Do you hear me? There's no way I can know whom you're seeing or what you're doing, but if you're doing anything, use one of these* [mother holds out a condom]. *That's right, a condom! Because my baby is not going to get AIDS. You are not getting AIDS!"*

  The theme of love leading to responsible, if difficult, action on the part of a parent is portrayed in this spot used in New York City.

- A powerful logo for the Mexican national programme is in the form of a *No traffic* or *No smoking* disc, a red circle with a red diagonal bar. Outside the circle the cross-and-arrow symbols of sex; inside, cancelled by the bar, the letters SI on top, DA below (SIDA means AIDS in Spanish). In addition, SI = yes, DA = it gives (you can get it). Underneath, in block letters: PROTEGETE = Protect yourself. The theme of self-protection is evoked. By implication, the logo suggests that new sexual practices should be incorporated into social responses, just as one responds to the social regulation of traffic or smoking.

- A half-bust drawing of a young man used in a pamphlet in the USA, striking in its seriousness, expressive of intense anxiety. The young man's persistent thought (worded inside the balloon): *"I can't cope with my fear of AIDS."* Intended to catch the attention of young people, this pamphlet cover invites them to send for written advice or seek counselling. It evokes the theme of identification with a group of young people, all of whom have experience of the same problem.


I CAN'T COPE WITH MY FEAR OF AIDS
PUBLICATIONS

Developing materials

Once the content of the message has been decided on, graphic artists, cartoonists, radio producers and writers can prepare prototype materials, according to the channels of communication selected (see section 6). Their involvement in developing and pretesting the message can be valuable. Time and resources should be allocated in the health promotion plan for the pretesting of materials in interviews and/or focus groups, to avoid major mistakes and to indicate whether the messages and materials are effective. Do the messages offend either the target audience or other segments of society? Can they be understood? Could they be misinterpreted? Are they believable? Are they appealing? Are they remembered? Pretesting is the only reliable way to find out the answers to the questions before the materials are used on a wide scale. Annex 2 contains an extended discussion of pretesting methods.

Example: Development of materials

This example, adapted from an existing national AIDS programme, shows how different strategies and corresponding messages are developed for different audiences to achieve a common objective.

Goal: Reduction of sexual transmission of HIV

Objective: To limit the number of sexual partners

Audience	Target	Strategy message
General public	Increased awareness of HIV transmission risk with multiple partners	Highlight advantages of having only one partner: *"Each sexual partner is an extra risk: stick to one!"*
High school and college students	Increased advice sought by students from their association (involved in the programme)	Appeal to solidarity with association: *"Worried about AIDS? Get advice from your association."*
Migrant workers	Increased awareness of HIV transmission risk with multiple partners	Stress on family values and loyalty to wives and children: *"Think of your wife and children – don't get AIDS from strangers!"*

A useful exercise for workshop discussion is to select a target audience that can be described easily on the basis of the assessment information available. Consider the following questions.

- What information needs to be given to this audience?
- What will the audience perceive as benefit?
- What supporting information will be believable?
- What tone is likely to succeed?
- What format is likely to work best?

6. Developing strategies: channels of communication, institutional networks, activities

Channels of communication, institutional networks and programme activities are the elements of a strategy designed to reach and engage target audiences. The reasons for selecting particular channels, networks, and activities are discussed below.

Channels of communication and institutional networks

Target audiences are more receptive to some methods and sources of communication than to others. People generally have particular institutional networks with which they are associated, such as school systems, religious organizations, sports clubs, or bars, and favoured information sources that they use habitually, such as radio stations, newspapers or, for health matters, family doctors. Try to identify which particular channels and institutional networks can be used to reach specific target audiences.

Strategy planning includes determining which channels and institutions can be employed and in what combination to reach target audiences best.

Information on communication channels and institutional networks should include the extent of their contact with the specific audiences. Membership data are often available from organizations. Newspapers, radio and television stations, marketing firms, and ministries of information often have detailed audience data, including peak radio and television listening and viewing times.

Different channels of communication are generally believed to have particular strengths and weaknesses, but simple generalizations about what a channel can do best are often misleading; they should be carefully weighed against the many other factors in the local culture and environment. Most health promotion professionals prefer to use several channels in order to reach a more extensive network than any single channel can provide.

Interpersonal channels depend on interaction between two or more people in the transmission of messages. They include person-to-person contact between members of the public and health workers, lecturers, trainers, group leaders, counsellors, and other personal sources of information in training sessions, group discussions, lectures, or home visits.

Interpersonal channels:

- provide information that requires interaction with a trustworthy source person;
- permit discussion of issues that people consider to be sensitive or personal;
- help people to adopt new practices;
- help create peer-group and community support for new ideas and behaviour.

Effective AIDS health promotion needs communication through a variety of interpersonal networks, involving, for example, traditional health workers, truck and taxi drivers, barbers and bartenders.

Consideration should be given to using places where people gather as locations for AIDS information and education activities – e.g., the market-place, discotheques, truck stops, village festivals.

Some AIDS health promotion programmes are developing new ways to educate through interpersonal networks. "Peer outreach" programmes are proving effective in reaching prostitutes and users of intravenous drugs. For example, in one programme, specially trained health educators give informal talks to prostitutes in sexually transmitted disease clinics and brothels on AIDS transmission and prevention and on condom use. The more interested prostitutes are trained to serve as peer educators of their colleagues, passing on the AIDS information they have acquired as well as providing a liberal supply of condoms.

The **mass media** include radio, television, newspapers, magazines, and films.

The mass media:

- reach a large number of people quickly with new information over a sustained period of time;
- help legitimize discussion of public issues and build up support for programmes and activities;
- reinforce new learning and new behaviour.

Little media include pamphlets, flyers, posters, videotapes, slides, sound tracks, audio cassettes, flipcharts, flannelgraphs, displays, exhibitions, models, and items with slogans (often given away: T-shirts, scarves, shopping bags, matchboxes, etc.). The objective is to:

- inform or remind people about AIDS topics;

- provide more detailed information than do the mass media or brief interpersonal encounters;

- support programme activities through announcements of times, places, telephone numbers, and so forth;

- provide aids for training.

Institutional networks include ministries of health, education, social welfare, and information (and their services, for example hospitals and schools), the armed forces, the police, religious organizations, voluntary agencies, nongovernmental organizations (NGOs), trade unions, cooperatives, business and industry groups, professional associations, and community groups (including women's and youth clubs and development committees).

AIDS health promotion activities should:

- use the ready-made channels of the various networks for the diffusion of messages about AIDS prevention, promotional activities, and services;

- obtain access to target audiences already covered by the networks and their structures, services, and programmes;

- make use of the expertise of the staff and of volunteers from the networks;

- integrate AIDS prevention messages into the information, education, and service activities of cooperating networks, thus multiplying the effect of AIDS health promotion.

Some of these institutions, such as the armed services and large companies, may be able to finance and implement significant elements of an AIDS health promotion plan within their own institutions, including, for example, an AIDS awareness day, regular group training, and individual counselling programmes.*

Service delivery systems, responsible for delivering the products and services that are being promoted, have a crucial role in supporting information, education, and communication activities. People will not adopt a new product (however good its promotion by the media) if it is not affordable and available, and they will not accept a service if it is not provided reliably and competently.

The services involved include HIV testing and counselling and drug-user treatment programmes. Support systems include marketing and distri-

* WHO has produced a document containing a plan and training exercises for work with local organizations. Entitled *Action notes: mobilizing local organizations*, it is available on request from: Health Promotion, Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland.

bution of condoms through stores, clinics, or other outlets. Some of their functions are to:

- serve people in the high-risk groups and others who have been motivated to undertake preventive measures;
- deliver the products into the hands of members of the target audiences over a sustained period of time;
- provide information about services and products relevant to the specific audience.

Support systems are discussed more fully in section 7.

People with AIDS

Their own experience makes individuals with AIDS potentially excellent educators about HIV infection and its consequences. They may be particularly effective as sources of information about aspects of AIDS that is difficult to convey otherwise or for target audiences that are not easy to reach through conventional information and education programmes.

Involving the target audience

To establish an effective communication process that will result in creative interaction, audience participation is needed in the planning, design, and implementation of the programmes. Target audiences can be readily brought into the planning and implementation of local health promotion and self-help projects. They can be encouraged to take the initiative, so that the projects in which they participate are in effect their own and have maximum impact.

The principal kinds of activities for involving the target audience include:

- visits/counselling (of individuals in their homes, at work, in association premises, in health centres);
- meetings/discussions (groups);
- orientation/training (in seminars, courses, workshops);
- public/cultural events (dramas, musical shows, traditional events, festivals, celebrations, sports, competitions);

  self-help projects (local action groups, with participatory planning, implementation, and evaluation).

Combining communication activities and institutional networks

To make its use most effective, each channel of communication requires somewhat different skills, institutional contacts, processes for development of materials and logistic support. The effectiveness of any single channel or institutional network activity is usually enhanced by planned coordination with all the other strategic elements. Consequently, an overall strategy has to be devised.

In selecting communication channels and institutional network activities and in planning their interrelation, information is required about the preferences of the target audience. This information can be gathered during initial assessment studies (section 2). However, more specific information may be needed, in which case the following sets of questions may be useful in the initial assessment.

Overall

- Which channels of information best reach the audience?
- Which sources of information are trusted by the target audience?
- Which activities, channels, and institutional networks does the target audience prefer?
- Which activities do members of the target audience most frequently engage in?
- Which channels and institutions are in most frequent contact with the audience?
- At what times of the day or week and where is the target audience in touch with these channels and institutions?

Institutional networks

- How do messages/information enter the institutional system?
- What types of AIDS information are best provided through each institution?
- Which messages will be acceptable through the institutions?
- What credibility and capabilities have the institutions concerned?
- What training resources already exist in them?

Broadcast media

- Which geographical areas do the available radio and television stations cover?
- What is the coverage of AIDS on those stations?
- How many and what types of listeners/viewers do they have? At what time of day? What types of programmes are popular?
- What types of message can and cannot be transmitted by the mass media (in terms of vocabulary, topic, etc.)?
- What are typical costs for production and airtime?
- What talented individuals are there with whom to work?
- What types of public spokespersons (for example, celebrities, physicians, politicians, teachers/educators) does the target audience find most trustworthy for AIDS or sex-related information and counselling?

Print and graphic materials

- What percentage of the target audience can read?
- Can the audience interpret two-dimensional pictures easily?
- What printing capacities are available (colour, photographic reproduction, etc.)?
- Can printed materials be distributed rapidly through existing channels?
- Are there geographical areas where distribution is difficult or impossible?
- What talented designers and artists are there with whom to work?

Obstacles and constraints

- What do the law, social norms and political or religious authorities currently not permit?
- How will sexual taboos and stereotyping affect the programme?
- What cost factors are likely to present the greatest obstacles (travel, broadcast time, training, others)?

- How could costs be lowered (fund-raising, use of volunteers, donations)?
- What limitations in the coverage of communication channels and services present the greatest obstacles to success? What creative solutions might overcome these limitations?

An integrated strategy

Strategic planning must take into account various interrelated factors:

- the characteristics and needs of the target audiences;
- the objectives and performance targets of the programme;
- the messages;
- activities, channels of communication, and institutional networks.

An integrated health promotion strategy uses messages, activities, communication channels and institutional networks in the mixture most appropriate to the specific target audience and its circumstances.

The table below provides an example of integrated strategic planning, using activities, channels, and institutional networks to influence behaviour among the general public; this is adapted from a recent medium-term national plan.

Target audience: General public

Objective: Increased individual knowledge about HIV transmission and its prevention

Programme target: Increased awareness of AIDS and reinforcement of sexual behaviour that reduces the risk of HIV transmission

Activity, channel, institutional network	Coverage	Approach / combination
Activities and channels		
National AIDS prevention day	All communities	Public gatherings, festivities, and competitions, backed by the media
Folk festival on AIDS theme	A selected rural town	Drama, music, fair, supported by films, radio / TV coverage, exhibitions
"Healthy Youth" football tournament	National stadium	Prize-giving, popularized through radio / TV and press

Interpersonal channels		
Public debates	Selected communities	Organized by local groups and backed by displays and videotapes
Counselling at community centres	Selected communities	Involving local groups and backed by visual material
Institutional networks		
Government departments, local authorities, NGOs, civic associations and rural cooperatives	Government and NGO offices and services throughout country	Meetings and events organized by trained agency workers, and backed by use of little media, folk media, and films
Post office and telephones	Nationwide	AIDS hotline answering service, mail inquiries, invitations to counselling centres
Mass media		
Radio	Nationwide	Daily spots, weekly features (backing public activities)
TV	Mainly urban areas	
Newspapers	Mainly urban areas	Regular news items and features (popular events)
Films 35 mm	Cinemas throughout the country	Existing and new films
Films 16 mm		Films shown at public events and community meetings
Little media		
Posters	Nationwide	Displayed in public buildings and transport, hospitals, churches, hotels, bars
Pamphlets	Nationwide	Distributed through organized groups
Car stickers	Nationwide	Distributed through petrol stations
Shopping bags	Nationwide	Distributed through markets, shops
Services		
HIV testing Counselling Condom distribution Promotional information		Use of little media, distribution of information during health promotion activities and through institutional networks

7. Support services

The national AIDS prevention and control programme provides or coordinates a variety of support services necessary for the proper functioning of the programme. Among those that require particular support from health promotion are:

- counselling
- HIV testing
- promotion of use of condoms and spermicides
- development and distribution of educational materials
- training of health educators.

Providing educational materials and training health educators are primary responsibilities of the health promotion programme. The programme is not usually responsible for the actual provision of testing and counselling services or of condoms and spermicides, but it promotes and supports their use. It should also play a role in ensuring that services and products are delivered and are available as promised; otherwise the credibility of the entire educational effort may be undermined and potential users become frustrated and alienated from the programme.

Counselling services and testing for antibodies to HIV

In general, national AIDS programmes promote several types of counselling and HIV antibody testing services, as described below.

Prevention counselling. Prevention counselling is designed to assist people in making choices about changes in their life-style that will prevent HIV infection and transmission. People should make these choices with full knowledge of methods of HIV transmission, AIDS-related issues, and the potential impact of HIV infection on their lives. Prevention counselling includes support for all those who need to consider changing their behaviour to avoid HIV infection. It can be provided after training by health workers, teachers, clergy, social workers, and peer group leaders working directly with those who require counselling.

Counselling before and after testing. Discussing facts and issues related to HIV infection with a counsellor can help a person to decide whether or not to have an HIV antibody test. Counselling provides an opportunity for the person to talk about the reasons for testing. Counselling after testing is also important, to give guidance to those infected and

to make sure that the anxiety of those not infected has been relieved and that they understand how to protect themselves from infection.

Counselling for people with HIV infection. People with HIV infection can benefit from meeting together and sharing experiences and concerns; they should be encouraged and helped to do this. Individual anxieties may be further dealt with in confidence with a counsellor. Such counselling often needs to be provided as long-term support and may need to be increased during periods of illness.

Testing. Testing for HIV antibodies is usually performed in hospitals, health centres, or clinics for treatment of sexually transmitted diseases. Testing should always be confidential and the results conveyed privately, giving the person tested the opportunity to discuss the result with a knowledgeable counsellor.

Health promotion and counselling

Information about the availability of counselling and testing services should be included in all components of the health promotion programme. The local media can be used to communicate the location of the services and the times at which they can be obtained. The largest possible number of potential users can be contacted in this way.

The face-to-face contact and support provided by counselling powerfully reinforces the health promotion programme, and the individual approach is most effective in achieving health promotion objectives. Counselling programmes also benefit from AIDS health promotion because a strong information and education programme in the community supports those providing or receiving counselling services.

Condoms

The proper use of condoms will substantially reduce the risk of transmission of HIV. Research is under way to ascertain the extent to which virucidally medicated condoms may provide additional protection.

The health promotion team must cooperate with the national AIDS committee in identifying the channels and outlets through which condoms can reach target audiences. The planners and decision-makers responsible for the implementation of the overall AIDS programme must be concerned with the coordination, monitoring, and evaluation of the supply of products throughout the stages of procurement, storage, promotion, and distribution.

They will also be concerned with the groups that supply and distribute condoms and virucidal products, e.g., governmental agencies, nongovernmental organizations, individuals, and private groups, both profit-making and non-profit-making.

The challenge facing the AIDS programme planners and decision-makers is to coordinate the sources of supply and channels of distribution with the specific needs of the target audiences identified in the initial assessment.

Promotion of condoms

The promotion of condoms through the mass media and other channels of information and education is essential for the proper functioning of the distribution systems. This important health promotion service should be provided in close collaboration with those responsible for the condom distribution services.

Messages developed to combat the sexual transmission of HIV, while promoting positive behaviour change, need to be sensitive to the moral environment of the community. Abstinence from sexual intercourse or a faithful relationship with an uninfected partner is the only certain means of avoiding sexually transmitted HIV infection. Failure to transmit this message will omit an important element in the pattern of HIV transmission and at the same time probably offend important sections of the community.

Messages developed specifically to promote condoms should address the following points:

efficacy

proper use

consistent use

availability

price.

The promotion of condoms will be greatly facilitated by the information gathered at the initial assessment, the experience derived from programme planning and implementation, and the links established with the target audiences.

In supporting condom delivery programmes, the following questions should be considered:

- Will the public and/or the government authorities permit condoms to be advertised? To be sold? To be distributed free?
- Are condoms attractively packaged and conveniently priced?
- Are they acceptable to distributors?
- Are brochures about safer sex practices and condom use available to the public?

- Is there a source of counselling information on AIDS easily accessible to people who want to ask questions confidentially?

Of particular relevance to health promotion is guidance on the proper use of condoms, which should be given through various media as well as specifically on condom packets and during training/demonstration sessions (see Box 3).

Box 3. Instructions for condom users

For maximum protection against HIV infection, condoms must be used correctly. Make sure that you understand and follow these instructions.

- To protect yourself from HIV infection, use a new condom every time you have intercourse.
- Always put the condom on the penis before intercourse begins.
- Put the condom on when the penis is erect.
- Squeeze the nipple or empty space at the end of the condom in order to remove air from the end of the condom thus making space for the semen. Do not pull the condom tightly against the tip of the penis, leave the small empty space (one or two centimetres) at the end of the condom to hold semen.
- Unroll the condom all the way to the base of the penis.
- If the condom tears during intercourse, withdraw the penis immediately and put on a new condom.
- After ejaculation, withdraw the penis while it is still erect. Hold the rim of the condom as you withdraw, so that the condom does not slip off.
- Remove the condom carefully so that seminal fluid does not spill out. Dispose of used condoms in a closed receptacle for waste.
- If a lubricant is desired, use a water-based one, since petroleum jelly may damage condoms.
- Store condoms away from excessive heat, light, and moisture as these cause them to deteriorate and perhaps break.
- Condoms that are sticky or brittle or otherwise damaged should not be used.

These written instructions may prove difficult to follow by even the well educated. It is preferable that health educators should become conversant with them and explain them in simple language. Use of simple graphic material is recommended. Consider adapting the culturally appropriate graphics already in use by family planning associations in your area.

Provision of educational materials

The development, production, distribution, and evaluation of educational materials are primary responsibilities of the health promotion programme. The following questions need to be answered:

- What materials should be produced?
- When should they be produced?
- In what quantity should they be produced?
- Who should produce them?
- Through what channels and support systems should they be distributed?

The elements of the plan need to be scheduled and budgeted. They require coordination with producers and suppliers, with users such as health centres, hospitals, schools, community development centres, youth clubs, and work places and with channels of communication such as radio stations, newspapers, and other media.

Health promotion planners with experience on other projects are usually familiar with production, distribution, and evaluation. AIDS health promotion is likely to require an unusually high degree of coordination in such respects because of the many sectors and institutions involved. This element of planning should receive careful attention.

Training

The AIDS health promotion programme should be prepared to train health workers, laboratory technicians, midwives, counsellors, and teachers. The production of educational materials and workbooks for training sessions can be supported. Training sessions provide an excellent opportunity for the programme to enlist the support of trainees in reinforcing programme messages addressed to the general public or to specific target audiences. Trainees may also be effective distribution points for educational materials.

The AIDS health promotion programme is most directly concerned with the training of health educators, which may become a major responsibility of the programme. Since health educators represent an important channel of communication within local communities, and since this is vital in AIDS prevention and control, their training should receive high priority and adequate resources. Health educators may have to assume the role of counsellors in many communities, and this should be taken into account in their training.

The longer-term training needs of education and communication professionals working full-time in the AIDS health promotion programme should be dealt with within the overall human resources development planning component of the national prevention and control programme.

Exercise: Consider the methods of condom distribution in your country with regard to government regulations, available supplies and distribution

systems, cost, promotional support, and public acceptance and use. How could condom use be better promoted?

What material and logistic support would be required for a six-month campaign to promote the use of condoms aimed at prostitutes and their clients in your country?

8. Monitoring and evaluation

Monitoring and evaluation provide information about the progress and effectiveness of the AIDS health promotion programme. Monitoring is the process of collecting and analysing information about the implementation of the programme; it involves regular checking to see whether programme activities are being carried out as planned so that problems can be discerned and dealt with.

Evaluation is the process of collecting and analysing information about the effectiveness and impact of either particular phases of the programme or the programme as a whole. Evaluation also includes assessing programme achievements for the purpose of detecting and solving problems and planning for the future.

Monitoring and evaluation are closely related (see Box 4). Monitoring information can be used to asses. programme effectiveness, while evaluation information can provide guidance for improving programme implementation. In the context of health promotion planning, monitoring and evaluation are useful only if they provide feedback that leads to improvements in the programme. The information obtained must be timely, relevant, and reliable and provide a basis for planning.

Box 4. Monitoring and evaluation

Monitoring and evaluation are part of the assessment process. The tasks involved include the following:

1. *Determination of information needs*
   - Decide what is to be monitored and evaluated, e.g., the progress of implementation, knowledge, attitudes, beliefs, and practices of target audiences, the cost of services.
2. *Study design*
   - Select the study population, the indicators to be measured, the methods, the timing of the investigation, other design features
3. *Conduct of studies*
   - Select and train staff to assist with the studies.
   - Design and test the instruments to be used.
   - Monitor the materials, services, and implementation of the programme
   - Evaluate the effectiveness of the programme, the impact on knowledge, attitudes, beliefs, and practices, other programme objectives
4. *Analysis, assessment, recommendations*
   - Analyse the results.
   - Assess the progress and effectiveness of the programme.
   - Make recommendations for programme changes and future actions.

The national AIDS prevention and control programme is directly responsible for national programme monitoring and evaluation. Data from the health promotion programme should be coordinated with and contribute to the national programme of monitoring and evaluation. But monitoring and evaluation of health promotion are also a responsibility of the health promotion programme. For specific components or phases of the programme, the health promotion team must be able to find out which channels of communication reach the target audiences most effectively, which messages and materials work and with whom and, in relation to a particular target audience or intervention, which individuals change their behaviour, how much, and why (and which do not change and why).

Fig. 1 shows a combination of elements of monitoring and evaluation from the perspective of specific health promotion interventions.

Monitoring

A monitoring system should provide rapid feedback on whether and to what extent specific programme activities are being carried out. Information should be collected about people's access and exposure to programme messages. For example:

- How many radio or TV programmes have been produced?
- How many radio or TV programmes have been broadcast?
- Were the programmes broadcast as planned (on the specified number of stations, at specified times)?
- How many printed materials have been produced?
- Were the printed materials distributed and used as planned?
- What proportion of the health staff have received information and educational training (i.e., attended the seminars or workshops that have been organized)?
- How many of the AIDS prevention lectures planned for schools and health posts have actually been given?
- How many homes have been visited by community health workers or other programme representatives (for example, teachers or social workers)?

What is monitored depends on the specific activities of each programme component. Monitoring should be carried out at frequent intervals using simple information-gathering techniques that are not costly and that provide a rapid feedback, so as not to delay the programme's progress.

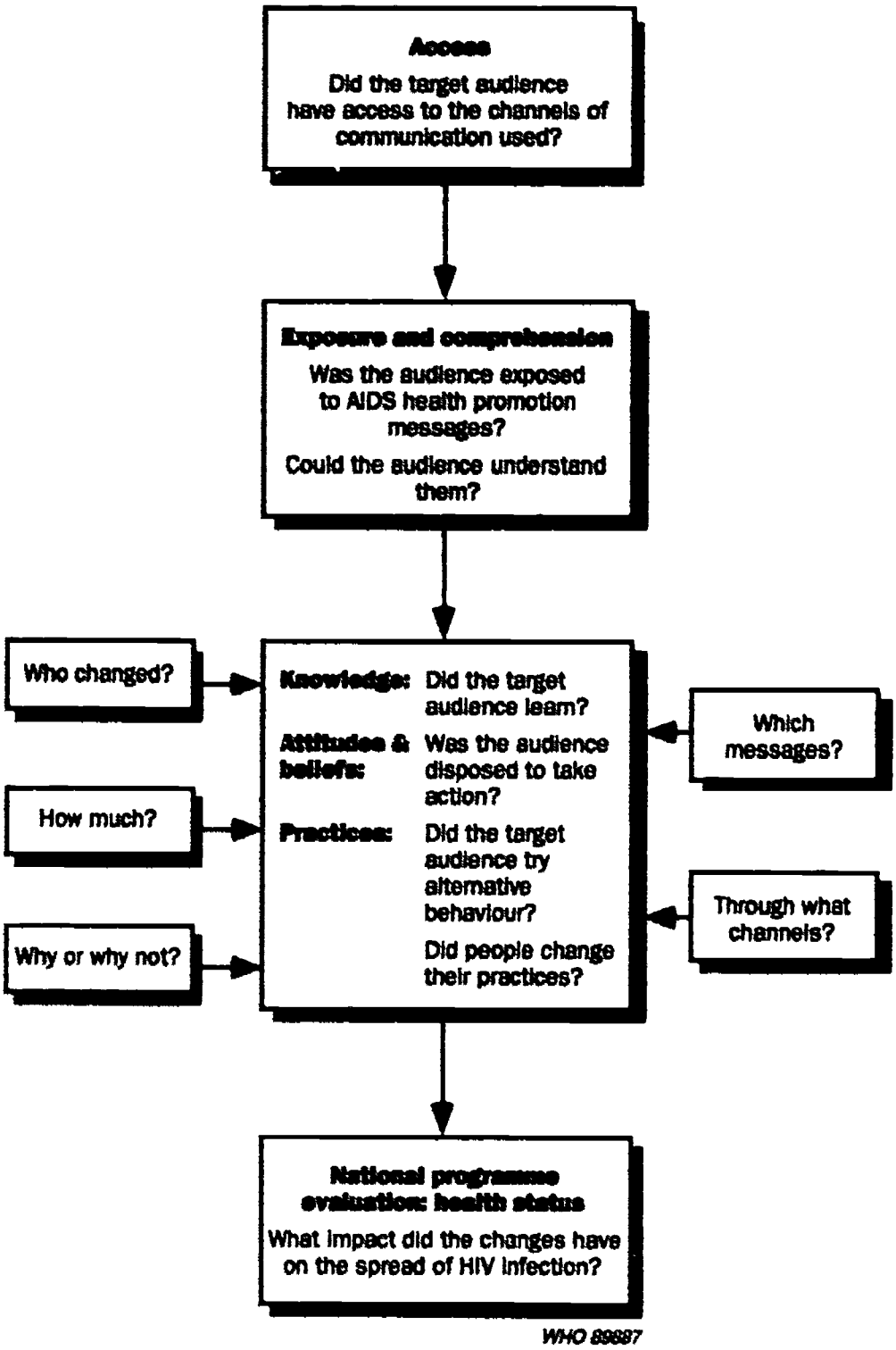


Fig. 1. Evaluating AIDS health promotion activities.

Examples of rapid feedback systems include:

- Periodic monitoring of the mass media to ascertain whether messages are being broadcast or published as agreed. In one programme, several radio stations had been given a contract to broadcast a certain number of programme spots every day. Hospital patients volunteered to monitor the radio stations to check the frequency of the programme spots. Monitoring forms were supplied to the volunteers.

- Periodic reports from field workers on whether the various programme activities are being carried out. For example, have posters been distributed? Have videotapes been shown at the schools? Have lectures been held at the health centres?

- Periodic checks with service outlets, such as clinics and pharmacies, to see whether the programme support services are available. For example, are condoms available in the stores and clinics? Is counselling provided as scheduled?

Evaluation

The aim of evaluation is to find out how programmes affect the populations for which they are intended in planned or unplanned ways, and how information and education have influenced the knowledge, attitudes, beliefs, and practices of the target audiences and their health status or other circumstances.

Evaluation should begin by examining the factors most important to improving the programme. The success or failure of a health promotion programme can often be explained by access, exposure, and comprehension:

- Did the target audiences have access to the channels of communication used?

- How many people were reached by the messages?

- How often were they reached?

- How clearly were the messages understood?

Failure of the programme is often due to failure in exposure and comprehension: programmes do not reach an adequate number of people often enough, or messages do not provide clear enough information to assist people in solving their health problems.

Evaluation should next attempt to relate changes in knowledge, attitudes, beliefs, and practices to programme components and, if possible, specific channels of communication and messages. Finally, it should determine

who changed or did not, and why. The link to health status, that is, to the control of the spread of HIV infection, should be made when feasible and will certainly form part of the evaluation of the national programme.

Planning for monitoring and evaluation

Study design and methods of measurement used in an evaluation depend on a variety of factors: financial and human resources, the time available, and other factors specific to each programme. A decision needs to be made about the level of quality required in the evaluation: how well thought-out the research design, how big and how representative the sample, how sensitive and how detailed the questionnaire. The more sophisticated the evaluation, the more costly it is likely to be. In addition, the most sophisticated procedures may not be the best: what is needed is not necessarily the highest quality of evaluation but the appropriate quality. Quantitative and qualitative methods, including surveys, individual interviews, focus groups, observational studies, and in-depth studies of cultural beliefs and practices can be used to gather information about programme effectiveness. Each method has its advantages and disadvantages and a combination of methods will probably work best.

Which activities and methods should be chosen to achieve the appropriate coverage and quality of evaluation for a given programme? For planning purposes, at least the following activities should be included:

- regular monitoring of the major mass media and training programme components;
- regular participation in national committee evaluation meetings and participation in combined research activities;
- rapid studies using small surveys, focus groups, or in-depth interviews to assess at least one major programme component every six months;
- one major evaluation study each year, designed in collaboration with epidemiologists and social science researchers working with the national committee.

More ambitious monitoring and evaluation can be developed over time.

9. Establishing a schedule and budget

Schedule

The preparation of a schedule of all planned activities for the period covered by the health promotion plan provides an oppportunity to review all elements of the plan, assess the feasibility of completing activities within the time allotted, and determine whether the available staff suffices for the implementation of the plan. On the basis of such a review, a budget can then be prepared.

Each major component of the health promotion programme should be subjected to the planning described for the overall programme, including:

- initial assessment;
- strategy development, including the development of educational messages and materials and the selection of institutions and channels of communication;
- strategy implementation, including the production and distribution of materials, training, and the provision of related support services;
- monitoring and evaluation.

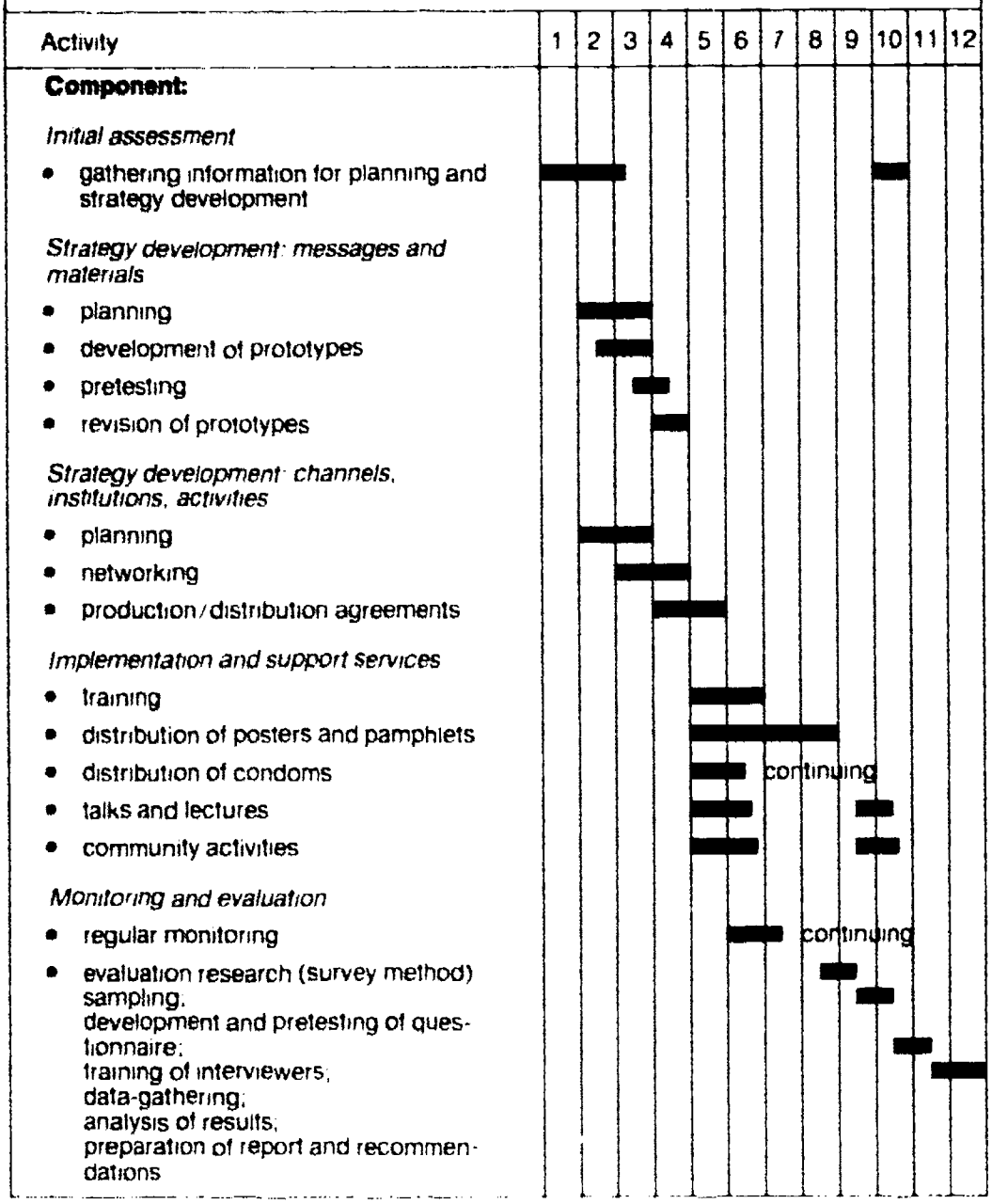
These activities tend to occur sequentially for any given programme component and can be considered to do so for the purposes of planning and budgeting.

Table 1 provides a general list of activities for scheduling. The headings will generally be appropriate for every component of the health promotion programme, while the subheadings will change, depending on the nature of the activities and the level of planning detail required. Once the activities are mapped on such a chart, the individual staff or unit responsibility can be indicated as well; some planners indicate staff responsibility by initials in the margin or by colour. It is advisable to draw up a separate scheduling chart for every major component of the health promotion programme.

Budget

As a component of the national AIDS prevention and control programme, health promotion activities are budgeted at the national level and benefit from a variety of resources, products, and services provided within the overall programme. Ordinarily, core health promotion personnel will not need to be budgeted separately.

Table 1 Scheduling health promotion activities



The budgeting recommended here as part of the health promotion planning process has two purposes:

1. to plan the expenditure of already allocated resources;

2. to estimate future resource requirements for national AIDS programme planning purposes.

In general, budgeting for these purposes within the context of an existing budget for the AIDS prevention and control programme will not require the inclusion of the following categories if they have been included in the overall programme budget:

- personnel salaries (and benefits)
- costs of office space
- costs of furniture and equipment (typewriters, copiers, etc.)
- costs of office supplies and utilities
- vehicle costs
- costs of international travel and *per diem* allowances
- international consultant fees
- long-term professional training.

On the other hand, the following categories will require budgeting:

- research costs (including initial assessment, pretesting, monitoring, evaluation)
- production of materials and distribution costs
- operational costs, including special workshops, local travel and *per diem* allowances, professional fees, hourly wages
- training costs.

In budgeting these items, the scheduling chart for each health promotion programme component can be used as a starting point. Under *initial assessment*, the cost of the various research methods can be estimated. For example, the cost of conducting focus-group interviews with adolescents in school may include the cost of travel, hourly wages and audio tapes (for recording the interviews) in addition to office supplies, typing, and photocopying (which may, however, already be included in the overall health promotion budget).

Under *strategy development*, the cost of travel, professional fees (if any), hourly wages, and prototype production may be included.

Under *implementation* should be itemized all material production and distribution costs, media services, the cost of training and any cost to the health promotion programme of support services, such as condom distribution.

Costs of *monitoring and evaluation* will include such items as professional fees, interviewers' hourly wages, photocopying, local travel, and computer costs (if any).

National health promotion programmes will most likely have had a standard form of budget for their operations prior to involvement with AIDS health promotion, and will be accustomed to a particular budgeting process. If possible, this form and the existing budgeting process should be adopted for use in the AIDS health promotion programme. If they are adopted, the scheduling chart can serve as a managerial checklist to ensure that the costs of each health promotion programme component are accounted for. An initial budget plan will not identify every component of every activity that needs budgeting or be able to estimate all the programme costs. It is important, however, to identify budget and scheduling constraints early on in planning so as to be able to operate within them. If they can be estimated in the initial plan they will become more clearly defined in subsequent plans.

Putting together a health promotion plan

The need for documentation setting out the health promotion plan varies among programmes. For some a set of scheduling charts is adequate to summarize the planning that has taken place from the initial assessment to monitoring and evaluation of the programme. It is more likely, however, that programme managers will want a planning document to support the summaries. The section headings of this guide might serve as an outline for such a document.

10. Reassessment

It is important to plan for reassessment, not because it requires much time or resources but because programme planners and managers must take time to reflect on the evaluation data and the experience of the programme and assess its impact and priorities. Planned reassessment permits orderly change.

Reassessment can take place in relation to a specific national committee review, such as an annual AIDS education subcommittee programme review. Or it can be the subject of an annual workshop for health promotion planners and managers. A fixed time each year for reassessment will promote self-examination and change.

Reassessment of the health promotion programme should consider such questions as the following:

- Are there new data about AIDS prevention and control that affect the programme assumptions?
- Have the programme goals of the national AIDS committee changed?
- Are there new data about target audiences that require a change in programme priorities?
- Are there new approaches to informing and educating particular target audiences that show signs of working successfully, implying a need for change in programme planning?
- What evidence is there that the programme has an impact?
- Is the impact so strong or so weak in certain geographical areas or among certain target audiences that changes in programme objectives, targets, and strategies are required?

These questions should lead to a constructive discussion on whether and how to reorient the programme. Once the goals have been reassessed, the health promotion planning cycle can continue, with or without major changes.

The health promoter's responsibility

To stop HIV transmission, health promoters have a special responsibility to:

Be informed. Information is changing and new discoveries produce new rumours, new fears, new hopes. Health promoters must remain abreast of fresh knowledge, and understand AIDS well enough to describe the current findings to people in ways they can understand and accept.

Be bold. Health promoters must go beyond their accustomed limits to challenge their own assumptions about sexuality, find new resources, and work with people they did not previously believe to be important. No one group alone can stop AIDS.

Be clear. The public must not be misled by ambiguous language, half-truths, or technical jargon. Health promoters must speak plainly, honestly, and directly to people who need to change their present behaviour if they are to protect themselves from HIV infection.

Avoid stereotyping and blaming. From the beginning of the HIV pandemic some have sought to blame others, as though some sector of the human race was deliberately spreading HIV. HIV is a virus with no racial, ethnic, or sexual preference.

Concentrate efforts on changing behaviour of target groups. General appeals and broad educational approaches can reduce fear and dispel myths, but they have only a minimal effect on behaviour. It is not enough to educate the public so that 90% know that AIDS can kill but only 5% of those at risk actually practise safer sex.

Act on a broad front. Even a positive attitude to change is insufficient. The world is full of cigarette smokers who know that cigarette smoking is harmful to their health yet continue smoking. Change in behaviour requires a much broader attack; health promoters must understand the reasons people have for maintaining their behaviour, find acceptable alternatives, and then provide the resources and support required to introduce the alternatives. Fear alone will not bring about the changes needed to reduce HIV transmission.

Glossary of terms used in AIDS health promotion[a]

access: ability to receive a message or to obtain a service.

channel of communication: way by which a message is transmitted (for example, word of mouth, letter, radio, telephone, newspaper, poster).

condom promotion: the use of information, education and communication to encourage the proper use of condoms.

counselling: advising individuals and/or families in relation to physical, social or psychological problems and behaviour change aimed at preventing infection, or dealing with the associated problems.

coverage: the extent to which a communication channel reaches its target audience.

evaluation: the process of collecting and analysing information on the effectiveness of a programme. It includes assessing the impact of the programme for the purpose of detecting and solving problems and planning future programmes.

exposure: the extent to which an audience has seen or heard a message.

focus group: a number of representatives (usually 6-12) of a target audience who are asked prepared questions on a selected topic and encouraged to answer freely. The aim is to obtain preliminary information on what a target audience thinks about a topic.

format: the physical characteristics of communication material, e.g., shape, size, style, manner of arrangement.

goal: broad statement of programme aims.

health promotion: the process of using information, education, and channels of communication to influence positively the health behaviour of individuals and groups.

indicator: an observable measure of the progress towards goals, objectives and performance targets.

[a] The definitions of terms given here relate only to their use in this publication.

interpersonal channel: interaction between two or more people for conveying or exchanging messages.

little media: small-scale channels of communication, such as pamphlets, flyers, posters, videos, slides, flipcharts.

mass media: major channels of communication, such as radio, television, and newspapers.

materials: products, such as radio spots, flipcharts, posters, comic books, training manuals, used to convey messages through channels of communication.

message: the substantive content of communication materials.

monitoring: the process of collecting and analysing information about the implementation of a programme for the purpose of identifying problems and taking corrective action.

objective: desired end result of a component of a programme, necessary in order to achieve the programme goal.

performance target: specific result that the programme component tries to achieve. It specifies an intermediate step contributing to reaching an objective.

pretesting: the process of testing communication messages or materials prior to their widespread distribution in order to make the materials more effective.

primary audience: people sharing common characteristics who are expected to adopt a recommended practice or for whom the services or products of a programme are intended.

secondary audience: people sharing common characteristics who influence the people of the primary audience and whose informed involvement is necessary to support them.

strategy: a planned approach to the achievement of an objective. Health promotion strategy involves defining appropriate messages and selecting an appropriate mix of communication channels, institutional networks, materials and activities so as to influence a target audience.

target audience: people sharing common characteristics for whom health promotion messages are developed.

tone: a display of form, colour, sound, and music that creates an atmosphere and gives emotional life to a message.

Pretesting educational materials

What is pretesting?

Pretesting is the testing of informational and promotional materials on a group of individuals in a target audience prior to their widespread diffusion. Drafts of posters, pamphlets, comic books, flipcharts, radio and television programmes, and other materials are shown to members of the group who are then invited to comment on them. The materials may include line drawings, photographs, radio scripts, or story boards (drawings that show scenes from a proposed video) or be simply early ideas.

The aim of pretesting is to find out, before the materials are finally produced:

- if the materials are relevant
- if they attract attention
- if the message is clear and understood
- if the information is retained
- if the materials make the target audience feel involved in the issue
- if they are acceptable in the culture
- what combination of presenters, formats, images, and text works best.

The more the producers know about the target audience before they produce their materials, the better chance there is of the materials being effective.

Techniques for pretesting vary according to the budget and the amount of time available. Some can be expensive and complicated, such as measuring a television audience's responses electronically or with in-depth questionnaires and a scientifically selected sample. But most of the time simpler methods are employed.

Pretesting can be conducted by the producers of materials sitting under a tree in a village discussing drawings and slogans about AIDS with villagers; or people at a street corner or market might be asked to look at a pamphlet and answer a few questions. Young prostitutes might be paid to watch two videotapes to find out which they respond to best; their response might be measured by watching them looking at the videos. Are they restless? Do they laugh or sneer? Do they seem interested or bored?

Several posters might be put up and pretesters might judge which attracts the most attention by the number of people looking at each and the amount of time they linger.

Why pretest?

Pretesting is a cost-effective means of identifying potential errors in communication. If materials are inappropriate, misunderstood, or unappealing they will not be worth the money spent on producing them. Many communication campaigns have failed because insufficient realistic and scientifically sound pretesting has been carried out. One AIDS campaign distributed 50 000 posters to secondary schools with the message "Stick to one partner". The ministry of education decided that the message was inappropriate for students and sent the posters back. This mistake could have been avoided if a prototype had been tested for acceptability among students, parents, educators, and educational authorities before being mass-produced.

Pretesting has been a mainstay of commercial advertisers for years. With large amounts of money at stake, the private sector is not indulgent towards wasted communication efforts. A publicity campaign for a new soap that is unattractive to potential buyers because a producer was wrong about what they might want would not be acceptable.

Pretesting also adds another dimension to AIDS work, permitting staff to gain more knowledge about the social realities affecting members of the target audience, what they think, how they feel and react, and what is important to them and why.

When to pretest

Ideally, pretesting should be carried out for every aspect of AIDS health promotion. Realistically, this is not always possible or even necessary. A pretest at the conception stage can help in getting on the right track from the beginning. Instead of starting with assumptions about what people think or might respond to, it is better to begin with an understanding of the target audience, obtained by observing their reactions to particular words, images and characters. One health promoter in Asia showed slogans and photographs to pregnant women and obtained the feedback he needed to develop a comic book for this target group.

In general it is best to test materials that are sufficiently developed to permit reliable testing, but before the production is so far advanced that changes would be difficult to make. Experience has shown that results from testing rough drafts are not very different from those obtained in testing the final product. Target audiences are reluctant to suggest changes that they feel could not easily be made.

Pencil sketches, story boards, computer graphic printouts, and other rough drafts can be tested and the feedback used to make improvements (which can perhaps be tested again) before the final product is prepared. Two different versions of the same materials can be tested to see which works best. For example, one version with an emotional appeal and a youthful narrator and another with a matter-of-fact style and an authoritative narrator (e.g., a doctor) could be compared.

Some suggestions may be made on how to create draft versions of materials:

- Type out the text of a pamphlet, lay it out roughly with some illustrations, and photocopy it.
- Take a photograph of posters to make extra copies for pretesting.
- Use a computer to design and store graphics. Changes can be made easily and quickly.
- Record radio scripts in the office on a small tape recorder.
- Record several songs and play them to a target audience to find out which ones they like.
- For testing videotapes create a story board sequence of drawings to represent video shots and text (perhaps accompanied by a recorded text and music).
- Use a slide and tape presentation to convey the basic concepts of a video production.

How to pretest

Preparations

There is no such thing as a standard pretest; methods are as varied as the materials being pretested and the cultural contexts. Before a pretest, some important questions need to be asked:

- Who is going to do the pretest , and on which target audience?
- What information is being sought?
- What is the intended effect of the materials?
- What funds are available and what are the deadlines?

Selecting target audience samples

The careful selection of members of a target audience for the pretest can greatly increase the usefulness of the results. If materials are being prepared for specific target groups (such as truck drivers, prostitutes, teenagers, users of intravenous drugs, homosexuals), it is imperative to select people who represent those groups for the pretest.

Special care should be taken to ensure that all the members of the pretest group take an active part. A group discussion with 15 pregnant women that is dominated by one or two women with some education may give the testers the false impression that all those present understand the materials.

The poorest and least educated sector of the target audience should be given special consideration on the assumption that, if they understand, the others will as well.

Consideration should also be given to selecting group members who will feel sufficiently at ease with each other to speak freely. Young people, for example, may be reluctant to speak in front of older people. In some cultures it may be necessary to have separate groups of men and women. Different groups in the target audience may not have the same reactions and should be tested separately. Pretesting sessions with individuals in different locations are recommended.

The easiest way to find people from a particular target audience for a pretest is to gain the cooperation of institutions with which they are affiliated. For example, teenagers can be found in secondary schools and pregnant women at clinics. The problem with this method is that these groups are not necessarily representative of the overall target audience; mothers attending a clinic where health education is practised are likely to be better informed about health questions than others who do not have access to a clinic.

Members of target groups who are not obviously affiliated with any formal institution are harder to reach. One approach is to go to places where they are frequently found: truck drivers at truckstops, prostitutes at street corners or in hotel bars, homosexuals at gay bars, women at water pumps, etc. Another method is to provide some incentive for participation, such as a free film-show or a party with snacks and refreshments, or even payment.

Members of the general public can be met and asked for their views on materials in the street, at markets, in churches, or in their homes. Quotas based on age, sex, occupation, religion, etc. will ensure that a variety of people respond. More sophisticated sample selection techniques, such as random or systematic sampling, can be useful if the testers have the means and knowhow to use them. Because the purpose of pretesting is to obtain opinions on materials, large numbers of people are not needed to make the testing useful.

Local support

The first step in conducting a successful pretest is to obtain the approval and assistance of the local authorities. What is planned and why needs to be fully explained. It should be emphasized that the idea is not to test the level of knowledge of the target audience but to test the materials.

Community leaders can be helpful in indicating people to form the target audience for the pretest. Usually it is better not to encourage officials to attend the pretesting sessions, in case they dominate the conversation or overawe the members of the group who may be afraid of saying anything to offend them.

Language

It is better for the testers to speak the same language as those participating in the pretest. If the respondents do not speak a common language with the pretesters or do not feel perfectly at ease with it, the services of an interpreter will be needed to facilitate communication. It is important to find the right interpreter; some interpreters may present their own views or ask questions that they think the pretesters should ask, instead of translating their words accurately.

How many people?

The number of people taking part in a pretest will depend on the resources available. A big sample is better than a small one, a small one better than none. The larger the number of people talked to and the number of communities visited, the better the chance of obtaining a representative reaction. The key word here is "representative"; this means that testers should resist the temptation to pretest materials with colleagues and friends simply because they are easily accessible.

As a rule of thumb, 5–10 individuals from two or three different communities or groups are enough to provide good feedback. If the feedback is not fully satisfactory it may be necessary to do more pretesting.

Groups of 8–10 people are ideal for group discussions. Any more than that makes the discussion less manageable.

It should be noted that it is extremely rare to find that every member of a target audience completely understands the materials, no matter how well they are designed. If 70% of people understand and respond favourably, that is a good proportion. Even 50% is acceptable in areas where there is a high level of visual illiteracy; as many as 10–20% of a rural target group may not be able to link visual images with ideas if they have no experience of doing so.

What questions should be asked?

There is no standard list of questions to be asked in a pretest. Questions have to be worked out in accordance with the specific needs of the target audience, the local culture, and the materials involved. To make sure that there is consistency in the points covered at different pretesting sessions, it is advisable to prepare a questionnaire that can be administered by an interviewer or can be self-administered if the respondents are literate.

Pretesting questionnaires should be short and to the point; the questions should be simple and easy to understand, and unnecessary questions should be avoided. The primary aim is to pinpoint the strengths and weaknesses of the rough drafts of messages and materials. Questions about the understandability, attractiveness, acceptability, persuasiveness, and personal relevance of the materials to the target audience should also be considered.

A mistake often made by pretesters is to ask leading questions, the guided replies affecting the accuracy of the pretest. A useful suggestion is to listen to yourself and think about the questions you are asking. Another is to tape-record questions and answers and evaluate your performance after the session. In showing a drawing of a person with AIDS, an open-ended question such as "*What do you see in this picture?*" is more useful than "*Does this man have AIDS?*".

There is a continuing debate among pretesters about the advantages of open-ended questions that might reveal some unsought information as compared with more restricted questions with a multiple choice or "yes" and "no" answers that are easier to tabulate. Asking: "*Do you think this person is sick?*" limits the reply to yes or no. Better questions might be: "*What do you think this could be?*", "*Have you seen something like this before?*", or "*What do you think the radio announcer meant when he said that?*"

If there are too many open-ended questions, it may be difficult to analyse the data and to compare different pretests of the same materials. There is no simple solution to the problem. One way to increase the likelihood that the questions will work is to pretest the questionnaire. Also, if a question is not understood during the pretest session it can be rephrased. If the answer to a question is "*I don't know*" or "*I don't remember*", probe a little before accepting it as final. These answers are often used by people to avoid saying what they really feel.

Example of a pretest questionnaire

The following sample questions give an idea of the kinds of question that might be included in a pretest questionnaire. It should be noted, however, that each pretesting situation is different; the questions can be adapted or new questions added to respond to particular needs. The sample questions are adapted from *Pretesting in health communication*, published by the Department of Health and Human Services, Public Health Service,

National Institutes of Health and the National Cancer Institute, Bethesda, MD, USA.

1. *Communication/comprehension of main idea*

   What is the main idea this message is trying to get across to you?
   What does this message ask you to do?
   What action, if any, is the message recommending that people take? (*Probe:* What other action?)
   In your opinion is there anything in the message that is confusing?
   Which of these phrases best describes the message?
   - Easy to understand.
   - Hard to understand.

2. *Likes/dislikes*

   In your opinion was there anything in particular that was worth remembering about the message?
   What, if anything, did you particularly like about the message?
   Was there anything in the message that you particularly disliked or that bothered you? If yes, what?

3. *Believability*

   In your opinion, was there anything in the message that was hard to believe? If yes, what?
   Which of these words or phrases best describes how you feel about the message?
   - Believable.
   - Not believable.

4. *Personal relevance/interest*

   In your opinion, what type of person was this message talking to?
   - Someone like me.
   - Someone else, not me.

   Was it talking to:
   - all people?
   - all people, but especially [the target audience]?
   - only [the target audience]?

   Which of these words or phrases best describes what you feel about the message?
   - Interesting.
   - Not interesting.
   - Informative.
   - Not informative.

   Did you learn anything new about [the health subject] from this message? If yes, what?

5. *Other target audience reactions*

Target audience reactions to pretest materials can be assessed using pairs of words or phrases on a five-point scale. The following is an example of how this is done.

Listed below are several pairs of words or phrases with the numbers 1 to 5 between them. Please indicate which number best describes how you feel about the message. The higher the number, the more you think the phrase on the right describes it. The lower the number, the more you think the phrase on the left describes it. You can also pick any number in between. Now go through each set of words, and indicate which number best describes your reaction to the message.

Practical	1	2	3	4	5	Not practical
Too short	1	2	3	4	5	Too long
Discouraging	1	2	3	4	5	Encouraging
Comforting	1	2	3	4	5	Alarming
Well done	1	2	3	4	5	Poorly done
Not informative	1	2	3	4	5	Informative

6. *For assessing artwork*

Just looking at the drawing [or picture], what do you think it says?
Is there anything in the drawing [or picture] that would bother or offend people you know?

7. *Impressions of presenter*

Please select the one answer from each pair of phrases that describes your feelings about the presenter.

Believable.
Not believable.

Appropriate to the message.
Not appropriate to the message.

Gets the message across.
Does not get the message across.

Establishing a rapport with the target audience

The relationship between the pretester and members of the target audience has a great deal to do with the success of the pretest. Members of the audience, especially those who are poorly educated, on the margin of the society, or rural, tend to be sceptical about the motivation of people in

authority. Pretesters should be aware of their own prejudices and attitudes that affect their behaviour while pretesting. Be self-critical. If a pretest does not go well, try to understand why. Record questions and answers to see which questions work and which do not.

If a pretester has a condescending attitude towards prostitutes or dislikes homosexuals, he or she should re-examine his or her feelings before pretesting those groups. Above all, remain positive: "*Fine*", "*Good*", "*That's interesting*" are the kinds of reassuring replies that build up the confidence of the person being tested.

Great care should be taken to ensure that the people tested feel at ease with the tester and the pretest. This can be achieved by:

- having an intermediary, such as a village chief or local health worker, introduce you to potential respondents;
- introducing yourself properly and explaining fully the pretesting process and the contribution it will make to the goal of AIDS prevention and control;
- making the respondents feel that their opinions are valuable and will help to produce better materials;
- treating people with respect;
- not judging people;
- not arguing with replies;
- letting the respondents talk;
- being neutral and not showing your feelings or opinions;
- always thanking people at the end, and possibly giving them token gifts such as buttons or stickers or a small payment.

Who should do the pretest?

There is no set profile for pretesters. They may be the producers of the materials, researchers in social science with experience in interviewing focus groups, health workers in close contact with members of the target audience in the field, or campaign planners aware of the issues who will benefit from greater contact with the grass roots.

Basically, anyone who has been properly trained can conduct a pretest. The pretesting will work better if the pretesters are of the same sex and race as the respondents, and a similar or slightly higher social status. It helps if the pretesters are able to communicate easily by being friendly but

direct. People with different skills can often work well together to pretest materials.

Those who have been directly involved in producing the materials (health educators who have developed the message content, graphic artists, photographers) can learn a great deal about how their efforts are perceived if they participate as observers or recorders. This is especially so if the producers understand that the reaction of the target audience to their work is not criticism, but an essential part of the materials production process.

Experience has shown, however, that the producers' pride and investment of time and energy in the materials often prevents a pretest in which they take part from being objective. If they are defensive about making changes in their work or perceive it as a "work of art" rather than a tool for health promotion, it is better to leave the pretesting to those with less personal involvement. Nevertheless, the involvement of producers as observers and recorders can provide dividends by reducing the time and resources needed to make changes after a pretest.

Analysis of the pretest

Collecting information from the target audience is only half of the job of prete. ng. The next step is to decide on its value and on what changes to make. Computers can sometimes reduce the time it takes to analyse responses to questionnaires, but the open-ended questions needed for pretesting do not lend themselves to this form of analysis. It does not help much to know that a certain percentage of members of the target audience do not understand a given message if there are no details of why.

It is important to set out the information collected and the conclusions drawn from it in order to share the results with others, including those who will be using the results to change the materials, other producers of materials who can apply the results to their own work, and supervisors who can better appreciate the value of pretesting once they fully understand how it works.

Personal opinions should be avoided and care taken to ensure that the conclusions are based on the information collected. The report might include the reasons for the pretest, a description of the material tested, the target audience tested and how its members were found, the tabulated results (if any), and the conclusions.

As more pretesting experience is gained, the data become easier to interpret. After a series of pretests, patterns usually emerge that increase the chance of producing materials that reach particular target audiences on the first draft.

Who uses the pretest results?

At times the pretest does nothing more than reassure the producers of materials that they are on the right track and that with a few minor changes their product is ready. More often, significant changes have to be made to text and graphics. Ideally, the changed materials should be tested again on a group combining people who were and were not members of the first testing group.

The pretest results can also be useful in convincing decision-makers and managers that a certain approach is likely to be most effective.

The experience of pretesting a set of materials with a target group can also be useful when other materials are prepared for the same target group at a later date. A questionnaire that serves the pretesters well can inspire other pretest efforts.

Pretesting is not foolproof

Pretesting can offer useful guidance, but it is not a perfect predictor or absolute guarantee of success. No matter how well a pretest is designed and executed, there is a chance that the materials will not have precisely the intended effect. Some aspects or deficiencies of the materials that were not picked up during the pretesting inevitably become apparent when exposed to a wider target audience. Monitoring of the impact of the programme can help to remedy any deficiencies.

Conclusions

Despite the extra time and expense that pretesting involves, the benefits derived from it more than compensate for the added costs. Pretesting does not have to be elaborate. It can be as simple as having a casual conversation with members of the target audience. Development of AIDS information, education, and communication materials is influenced by innumerable variables, and pretesting, whether scientific or informal, takes a lot of the guesswork out of materials production. It is a major factor in making materials effective and relevant and in stimulating the kind of behaviour change needed for AIDS prevention and control.

WHO AIDS SERIES

No.			Price (Sw fr.)
1	(1988)	**Guidelines for the development of a national AIDS prevention and control programme** (iv + 27 pages)	8.
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4	(1989)	**Monitoring of national AIDS prevention and control programmes: guiding principles** (iii + 27 pages)	8
5	(1989)	**Guide to planning health promotion for AIDS prevention and control** (iv + 71 pages)	14.

Health promotion — the use of information and education to influence the behaviour of groups and individuals — is the key element in efforts to limit the spread of the human immunodeficiency virus, the causative agent of acquired immunodeficiency syndrome (AIDS). In the absence of a vaccine or cure for AIDS, it remains the single most important component of national AIDS prevention and control programmes.

This publication provides guidelines on planning, implementing, monitoring and evaluating a health promotion programme, based largely on experience gained in applying health promotion methods and procedures to other public health programmes. The importance of tailoring the message and channel of communication used to the particular target audience is stressed, as is the need to pretest materials with a small sample of the population before wider distribution. The guidelines are intended for use in all parts of the world and provide a basis that should be valuable for planning in every cultural context.

Price: Sw.fr. 14. ISBN 92 4 121005 2